SECTION 4
PHARMACY FEE MAIN MENU

Overview

Following is a brief description of each option contained in the Pharmacy Fee Main Menu.

BATCH MENU - PHARMACY

BATCH DELETE - allows the user who opened a batch, or any user who holds the FBAASUPERVISOR security key, to delete a batch from the system.

CLOSE-OUT BATCH - used to close a Fee Basis batch.

DISPLAY OPEN BATCHES - used to display a list of all Fee Basis batches which have an OPEN status.

EDIT BATCH DATA - used to edit certain portions of Fee Basis batches.

LIST ITEMS IN BATCH - used to view all payment records in the selected batch.

OPEN A PHARMACY BATCH - used to create a Pharmacy batch.

RE-OPEN BATCH - used to reopen a Fee Basis batch which has a batch status of CLOSED.

RELEASE A BATCH - used by the Supervisor to release a Fee Basis batch for payment. This option is locked with the FBAASUPERVISOR key.

STATUS OF BATCH - used to obtain the current status of a Fee Basis batch.

CHECK DISPLAY - displays all payments for checks issued after the payment conversion from CALM (Centralized Accounting for Local Management) to FMS (Financial Management System).

CLOSEOUT PHARMACY INVOICE - used to assign a Pharmacy invoice to a batch.

COMPLETE PHARMACY INVOICE - used to enter the remaining payment data after the invoice has been reviewed by Pharmacy Service.

DISPLAY PHARMACY INVOICE - used to view all the items in a Pharmacy invoice.

Overview

EDIT PHARMACY INVOICE - used to edit the data on a previously entered Pharmacy invoice.

ENTER PHARMACY INVOICE - used to enter the initial portion of the Pharmacy invoice into the system for payment.

LIST INVOICES PENDING MAS COMPLETION - lists all invoices that have been entered, reviewed by Pharmacy Service and are now awaiting completion by Medical Administration Service.

LIST PHARMACY HISTORY - lists the Fee Basis prescriptions for a selected patient.

PATIENT RE-IMBURSEMENT - used to enter a reimbursement payment to a veteran for prescription services when the veteran has paid the vendor directly.

PHARMACY INVOICE STATUS - used to display the status of a Pharmacy invoice. These include PENDING PHARMACY DETERMINATION, PENDING MAS COMPLETION, PENDING PAYMENT PROCESS, and COMPLETED.

POTENTIAL COST RECOVERY REPORT - identifies costs for Fee Basis services which may be able to be recovered. Data is sorted by division, patient, Fee Basis program, vendor, and date.

PRESCRIPTIONS PENDING PHARMACY REVIEW - allows Pharmacy Service to print the prescriptions that are pending review. This will give them the ability to look at the Pharmacy profile and check for prescriptions dispensed by Pharmacy Service.

REVIEW FEE PRESCRIPTION - allows Pharmacy Service to review a Fee Basis prescription and determine whether payment should be based on a generic drug.

VENDOR PAYMENTS OUTPUT - used to generate a history of payments made to a selected vendor within a specified date range.

VETERAN PAYMENTS OUTPUT - used to generate a history of payments made within a specified date range for a selected Fee Basis patient.

Batch Menu - Pharmacy
Batch Delete

⚷ FBAASUPERVISOR - required to delete batches other than those you opened.

Introduction

This option allows you to delete batches that meet the following criteria:

1. Total Dollars equal to zero
2. Invoice Count equal zero
3. Payment Line Count equal zero
4. Rejects Pending flag not set to "YES"

If the batch does not meet the above criteria, a message is displayed explaining why the selected batch could not be deleted.

Example

```
Select FEE BASIS BATCH NUMBER:   147          C15004


NUMBER: 147                         OBLIGATION NUMBER: C15004
  TYPE: HOMETOWN PHARMACY PAYMENTS   DATE OPENED: OCT 31, 1990
  CLERK WHO OPENED: MURRAY,CHARLENE   STATION NUMBER: 500


  STATUS: OPEN


Sure you want to DELETE this batch? No//   YES

    Batch Deleted.


Select FEE BASIS BATCH NUMBER:
```

Batch Menu - Pharmacy
  Close-out Batch

 Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information, when applicable. Line items that had previously been cancelled are annotated with a plus sign (+).

 FBAASUPERVISOR - allows you to close <u>all</u> types of batches, regardless of who opened them.

Introduction

The Close-out Batch option is used to close batches with an OPEN batch status. You can close only those batches which you opened, unless you hold the FBAASUPERVISOR security key. Before you close any batch, it must have payments recorded in it.

NOTE: Although you may access all open Fee Basis batches with this option, it should only be used to close Pharmacy batches.

The total payment dollars and total payment line count are automatically calculated. After you use this option, the batch status is CLERK CLOSED, and no further payments may be added to the batch.

Batch Menu - Pharmacy
Close-out Batch

Example

```
Select FEE BASIS BATCH NUMBER:  189          C93999
Want to review batch? NO//  YES

Patient Name ('*' Reimbursement to Patient   '+' Cancellation Activity)
          ('#' Voided Payment)                         Batch #  Voucher Date
  Vendor Name                                 Vendor ID  Invoice #    Date Rec'd.
 RX  DATE   RX #    CLAIMED        PAID    CODE  DRUG NAME
=============================================================================


GRAY,EBBO                          098-00-0000             189
   FAY'S DRUGS                                  987561234    148          9/27/93
    5/5/93    75847638    31.00       29.95    I   anymycin

             Invoice #: 148   Totals: $ 29.95

JONES,LEONARD                      123-12-1234             189
   DRAPER PHARMACY AND SURGICAL SUPPLY    497549564    168          9/29/93
    9/29/93   123            15.00     12.95    I

             Invoice #: 168   Totals: $ 12.95

Do you still want to close Batch? YES//   <RET>


NUMBER: 189                        OBLIGATION NUMBER: C93999
  TYPE: HOMETOWN PHARMACY PAYMENTS   DATE OPENED: DEC 16, 1994
  CLERK WHO OPENED: GRAY,MARY ELLEN   STATION NUMBER: 500
  TOTAL DOLLARS: 42.90              INVOICE COUNT: 2
  PAYMENT LINE COUNT: 2            DATE CLERK CLOSED: JAN  9, 1995


  STATUS: CLERK CLOSED



Batch Closed


Select FEE BASIS BATCH NUMBER:
```

Batch Menu - Pharmacy
  Display Open Batches

Introduction

This option displays a list of all Fee Basis batches (regardless of Fee Basis program) which have a status of OPEN.

Example

```
Batch #   Type    Dt Open   Clerk Who Opened              Obligation #
============================================================================

25      CH/CNH   05/28/93   MARTIN,MICHAEL                C33003

26      Pharmacy 05/28/93   MARTIN,MICHAEL                C93004

28      Medical  05/28/93   MARTIN,MICHAEL                C33003

33      Medical  06/02/93   STELLA,KAREN H                C33003

34      CH/CNH   06/03/93   STELLA,KAREN H                C33003

35      Medical  06/08/93   STELLA,KAREN H                C33003
```

Batch Menu - Pharmacy
  Edit Batch data

 FBAASUPERVISOR - required to edit batches opened by other users.

Introduction

The Edit Batch data option is used to edit the obligation number and the date the batch was opened in batches with an OPEN status. You can only edit batches that you opened unless you hold the FBAASUPERVISOR security key.

NOTE: You must be an authorized control point user in IFCAP to change control point and obligation numbers.

If you are a control point user for multiple control points, you will be prompted for a control point prior to an obligation number.

Example

```
Select FEE BASIS BATCH NUMBER:   ??

CHOOSE FROM:
   1      C90234
   4      C89211
   5      C89211
   10      C90234
   11      C90234
   13      C89622
   14      C89211
   '^' TO STOP:  ^
Select FEE BASIS BATCH NUMBER:   1           C90234
Obligation Number: C90234//  <RET>
Do you want to change the Obligation Number? No//    Y   YES
Select Obligation Number:    ??

CHOOSE FROM:
   500-C89211  --  1358   Obligated - 1358
           FCP: 020     $ 4800
   500-C89621  --  1358   Ordered and Obligated
           FCP: 999     $ 80000
   500-C89622  --  1358   Obligated - 1358
           FCP: 020     $ 80000
Select Obligation Number:   C89621  500-C89621  --  1358 Ordered and Obligated
           FCP: 999     $ 80000
NUMBER: 1//   (No Editing)
DATE OPENED: APR 10,1994//  T  (JUN 23, 1994)
```

Batch Menu - Pharmacy
List Items in Batch

Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information, when applicable. Line items that had previously been cancelled are annotated with a plus sign (+).

Introduction

The List Items in Batch option is used to view all payment records in a selected batch. Your name can be entered at the first prompt, "Select FEE BASIS BATCH NUMBER", to list all your open batches.

Example

```
Select FEE BASIS BATCH NUMBER:  11          C93004
DEVICE: HOME//   FEE BASIS PRINTER   RIGHT MARGIN: 80//  <RET>
```

```
Patient Name   ('*' Reimbursement to Patient   '+' Cancellation Activity)
          ('#' Voided Payment)                        Batch #  Voucher Date
  Vendor Name                            Vendor ID  Invoice #     Date Rec'd.
 RX  DATE  RX #    CLAIMED       PAID    CODE   DRUG NAME
=============================================================================


MOORE,PETER                        585-14-7544          11       6/4/94
   FAY'S DRUGS                           234324323    8          3/12/94
   3/13/94   12312333   25.00    23.00    4    ELAVIL

             Invoice #: 8   Totals: $ 23.00

MOSS,JAMES                         132-88-9999          11       6/4/94
   GREEN DRUGS                           112112112   21          4/1/94
   1/4/94    100        50.00    33.00    A    IBUPRO

             Invoice #: 21   Totals: $ 33.00

Select FEE BASIS BATCH NUMBER:
```

Batch Menu - Pharmacy
Open a Pharmacy Batch

⟳ When a batch is opened, checks are made against the IFCAP software to ensure a valid station number, authorized control point user and open obligation number are selected.

Introduction

Fee Basis bills are paid in groups called batches. The Open a Pharmacy Batch option is used to create a new Pharmacy batch. To enter, edit, or delete payment data in these batches, use the appropriate invoice options in the Pharmacy Main Menu.

Example

```
Want to create a Pharmacy Batch? YES//   <RET>

Pharmacy Batch number assigned is: 101


  ARE YOU ADDING '101' AS A NEW FEE BASIS BATCH (THE 41ST)?    Y  (YES)

Select CONTROL POINT:  ?
 ANSWER WITH CONTROL POINT NAME NUMBER
CHOOSE FROM:
   20              020 FEE
   999             999 FEE CIVIL HOSP

Select CONTROL POINT:  20  020 FEE
Select Obligation Number:  ??

CHOOSE FROM:
   500-C89211  --  1358   Obligated - 1358
               FCP: 020    $ 4800
   500-C89621  --  1358   Ordered and Obligated
               FCP: 020    $ 80000
   500-C89622  --  1358   Obligated - 1358
               FCP: 020    $ 80000
   500-C89699  --  1358   Transaction Complete
               FCP: 020    $ 30000

Select Obligation Number:  500-C89622     --  1358   Obligated - 1358
               FCP: 020    $ 80000
```

Batch Menu - Pharmacy
Re-open Batch

⚷ FBAASUPERVISOR - required to reopen batches other than those you opened.

Introduction

The Re-open Batch option is used to reopen a Fee Basis batch with a batch status of CLOSED. You may wish to reopen a batch to add or delete payment lines or correct an overpayment. Batches that have been released, transmitted, or finalized by a supervisor <u>cannot</u> be reopened. You can reopen <u>only</u> those batches which you originally opened, unless you hold the FBAASUPERVISOR security key, which allows you to reopen <u>any</u> batch with a CLOSED status. When a batch is reopened by someone other than the person who created it, the name of the person who <u>reopened</u> it will then be listed as the person who opened the batch.

NOTE: This option does <u>not</u> change the date opened. If you wish, you may change this information by using the Edit Batch data option.

To reopen a batch, you may enter the batch number or the name of the clerk who opened it at the "Select FEE BASIS BATCH NUMBER: " prompt. The output is automatically generated to your screen, and there is no way to exit the option once the process has started.

Example

```
Select FEE BASIS BATCH NUMBER:  11          123456


NUMBER: 11                            OBLIGATION NUMBER: 123456
  TYPE: HOMETOWN PHARMACY PAYMENTS    DATE OPENED: APR 17, 1989
  CLERK WHO OPENED: GRAY,MARY ELLEN   TOTAL DOLLARS: 161
  INVOICE COUNT: 4                    PAYMENT LINE COUNT: 13
  STATUS: OPEN

Batch has been Re-opened!


Select FEE BASIS BATCH NUMBER:
```

Batch Menu - Pharmacy
Release a Batch

When a batch is released, the 1358 DAILY RECORD file is decreased by the amount of the batch. An adjustment transaction to the obligation is created. If the dollar amount of the batch exceeds the amount of the obligation in the 1358 DAILY RECORD file, the batch cannot be released.

FBAASUPERVISOR - required to access this option.

Introduction

The Release a Batch option is used to certify that a batch is ready to be released to Austin for payment. The certifier may review all line items in the batch or may simply release the batch as correct without review. Only batches with a status of CLERK CLOSED may be entered.

NOTE: Although you may access all open Fee Basis batches with this option, it should only be used to release Pharmacy batches.

Example

```
Select FEE BASIS BATCH NUMBER:   11          123456


NUMBER: 11                              OBLIGATION NUMBER: 123456
  TYPE: HOMETOWN PHARMACY PAYMENTS      DATE OPENED: NOV 1, 1990
  CLERK WHO OPENED: HENSLER,BARBARA     STATION NUMBER: 500
  INVOICE COUNT: 3                      TOTAL DOLLARS: 78
  DATE CLERK CLOSED: NOV  6, 1990       PAYMENT LINE COUNT: 4


  STATUS: CLERK CLOSED


Want line items listed? NO//  y  YES
```

Batch Menu - Pharmacy
Release a Batch

Example, cont.

```
Patient Name   ('*' Reimbursement to Patient   '+' Cancellation Activity)
          ('#' Voided Payment)                        Batch #  Voucher Date
  Vendor Name                              Vendor ID  Invoice #    Date Rec'd.
 RX  DATE   RX #     CLAIMED       PAID   CODE   DRUG NAME
===========================================================================


MONK,CRAFTON                          585-14-7544          11
   FAYS DRUGS                                 234324323B   8          3/12/89
    3/13/89   12312333   25.00     23.00    4    ELAVIL

               Invoice #: 8   Totals: $ 23.00

MOSS,JULIE                            132-88-9999          11
   GREEN DRUGS                               112112112    12          4/1/89
*   1/4/89    101        50.00     50.00          HYD

               Invoice #: 12   Totals: $ 43.00

SRAY,PETER                            523-84-4518          11
   GREEN DRUGS                               112112112    25          3/8/90
    3/8/90    FDSAD      10.00      2.00    I    MOTRIN

SRAY,PETER                            523-84-4518          11
   GREEN DRUGS                               112112112    25          3/8/90
    1/1/90    DSFASDF    10.00     10.00          MOTRIN
               Invoice #: 25   Totals: $ 12.00
Do you want to Release Batch as Correct? NO//   y   YES


NUMBER: 11                           OBLIGATION NUMBER: 123456
  TYPE: HOMETOWN PHARMACY PAYMENTS   DATE OPENED: NOV 1, 1990
  CLERK WHO OPENED: HENSLER,BARBARA  TOTAL DOLLARS: 78
  SUPERVISOR WHO CERTIFIED: SIRCO,LUCIA
  STATION NUMBER: 500                DATE SUPERVISOR CLOSED: NOV 8, 1990
  INVOICE COUNT: 3                   PAYMENT LINE COUNT: 4
  DATE CLERK CLOSED: NOV  6, 1990

  STATUS: SUPERVISOR CLOSED


Batch has been Released!
```

Batch Menu - Pharmacy
Status of Batch

Introduction

The Status of Batch option is used to display the status of a selected batch, along with all other information available for that batch. The following table lists possible batch statuses, the fee program in which the status can be assigned, and a brief explanation of each status.

STATUS	FEE PROGRAM	EXPLANATION OF STATUS
OPEN	Medical, Travel Pharmacy CH, CNH	The clerk opened a batch in order to process payments.
CLERK CLOSED	Medical, Travel Pharmacy CH, CNH	The clerk used the Close Batch option to signify that all payments within the batch are completed and ready for submission to Austin.
SUPERVISOR CLOSED	Medical, Travel Pharmacy CNH	The supervisor used the Release a Batch option after reviewing the batch and determining that all of the items were appropriate to forward to Austin.
SUPERVISOR CLOSED	CH	The Pricer Batch Release option was used to signify that the batch is ready for transmission to the Austin Pricer System. The Pricer Batch Release option may now be accessed by any user (is no longer locked).
FORWARDED TO PRICER	CH	The supervisor used the Queue Data for Transmission to send data to the pricer for processing.
ASSIGNED PRICE	CH	The clerk used the Complete a Payment option to enter the amount paid for a contract hospital bill received from the Austin pricer. This is done only when all invoices in the batch have been completed.
REVIEWED AFTER PRICER	CH	The supervisor used the Release a Batch option to indicate that the payment is ready to forward to Austin.
TRANSMITTED	Medical, Travel Pharmacy CH, CNH	The supervisor used the Queue Data for Transmission option to transmit FEE payments and MRAs to Austin.
VOUCHERED	Medical, Travel Pharmacy CH, CNH	The batch was finalized by Fiscal Service.

Batch Menu - Pharmacy
Status of Batch

Example

```
Select FEE BASIS BATCH NUMBER:  11         123456

DEVICE: HOME//  <RET>  VIRTUAL TERMINAL    RIGHT MARGIN: 80//   <RET>


NUMBER: 11                           OBLIGATION NUMBER: 123456
  TYPE: HOMETOWN PHARMACY PAYMENTS    DATE OPENED: APR 17, 1989
  CLERK WHO OPENED: GRAY,MARY ELLEN   TOTAL DOLLARS: 161
  INVOICE COUNT: 4                    PAYMENT LINE COUNT: 13


  STATUS: OPEN



Select FEE BASIS BATCH NUMBER:
```

Check Display

NEW OPTION

Introduction

The Check Display option displays all payments included on a check that was issued after the payment conversion from CALM (Centralized Accounting for Local Management) to FMS (Financial Management System). The information displayed may differ dependent upon the Fee Basis program you are using.

Example

```
Select Check Number:  12333091

DEVICE: HOME// <RET>  LAT TERMINAL    RIGHT MARGIN: 80//  <RET>


                   PAYMENT HISTORY FOR CHECK # 12333091
                   ----------------------------------            Page: 1

                     FEE PROGRAM:  PHARMACY
 ('*' Reimbursement to Patient  '#' Voided Payment  '+' Cancellation Activity)
   Fill Dt   RX #    Amount       Amount     Susp  Batch       Invoice
                     Claimed       Paid      Code  Number       Number
============================================================================

VENDOR:  GREEN DRUGS                       VENDOR ID:  112112112

Patient:  CALDWELL,J G                  Patient ID:  065-01-7747
+  1/5/95    L12321      15.00        5.00     I      385          584
     >>>Check # 12333091
     >>>Check cancelled on: 1/9/95   Reason:  MIS-SPELLED NAME<<<
        Check WILL NOT be replaced.
```

Closeout Pharmacy Invoice

Introduction

The Closeout Pharmacy Invoice option must be used to assign a batch number to a Pharmacy invoice prior to payment being sent to Austin. Only open batches may be assigned. The invoice must have an invoice status of PENDING PAYMENT PROCESS.

Example

```
Select FEE BASIS PHARMACY INVOICE NUMBER:     195

Select Batch for this Invoice:    269
  Obligation #: C93033
  ...EXCUSE ME, LET ME PUT YOU ON 'HOLD' FOR A SECOND...

Invoice Closed out!!

Select FEE BASIS PHARMACY INVOICE NUMBER:
```

Complete Pharmacy Invoice

Introduction

The Complete Pharmacy Invoice option is used to enter the remaining payment data for those items within the invoice which required a determination by Pharmacy service. (MAS must enter the remaining data prior to closeout). These items may include the following:

- Red Book cost
- Amount paid
- Amount suspended
- Suspense code (if applicable)

The Red Book is an annual pharmacists' reference containing dosage tables, drug interactions, product information, and available prices.

Example

```
Select FEE BASIS PHARMACY INVOICE NUMBER:      234


Vendor: GRETLE PHARMACY      Vendor ID: 888888888

Patient: TUTTLE,BARBARA     Patient ID: 090-90-0090

Drug Name                    RX #    Strength    Qty   Amt Claimed
==================================================================
VALIUM                       987      25MG       30        20
MEDICAID DISPENSING FEE: $3.25//   <RET> 3.25


RED BOOK COST:  12.00 // <RET>
AMOUNT PAID: 15.25//   <RET>
AMOUNT SUSPENDED: 4.75//   <RET>
SUSPEND CODE:   1    Charge exceeds maximum payable

Invoice is Complete           Totals $15.25

Select FEE BASIS PHARMACY INVOICE NUMBER:
```

Display Pharmacy Invoice

⟍ Display now includes disbursed amount, date paid, and cancellation information, when applicable.

Introduction

This option is used to view all the items in a Pharmacy invoice. The amount of data displayed will depend on the status of the invoice and the prescriptions on that invoice.

Example

```
Select FEE BASIS PHARMACY INVOICE NUMBER:   599

DEVICE: HOME//  <RET>  VIRTUAL TERMINAL    RIGHT MARGIN: 80//   <RET>


NUMBER: 599
  DATE CORRECT INVOICE RECV'D: NOV 30, 1994
  DATA ENTRY CLERK: GRAY,MARY ELLEN      VENDOR: CVS
  INVOICE STATUS: PENDING PHARMACY DETERMINATION
  TOTAL AMOUNT CLAIMED: 65              TOTAL AMOUNT PAID: 0
  DATE INVOICE ENTERED: DEC 12, 1994    TOTAL LINE COUNT: 1
  VENDOR INVOICE DATE: NOV 25, 1994


PRESCRIPTION NUMBER: 12345              DRUG NAME: VALIUM
  DATE PRESCRIPTION FILLED: NOV 15, 1994
  AMOUNT CLAIMED: 65.00                 PATIENT: DAY,DENNIS
  LINE ITEM STATUS: PENDING PHARMACY DETERMINATION
  STRENGTH: 50MG                        QUANTITY: 100
  PAYMENT TYPE CODE: VENDOR             MANUFACTURER: DOW
  PRIMARY SERVICE FACILITY: ALBANY, NY  AUTHORIZATION POINTER: 3



Select FEE BASIS PHARMACY INVOICE NUMBER:
```

Edit Pharmacy Invoice

 New Prompts:
Vendor Invoice Date: - allows you to enter/edit the vendor's invoice date.

 FBAASUPERVISOR - required to edit payments from batches that have been released by a supervisor.

FBAA ESTABLISH VENDOR - required to enter a new vendor.

Introduction

The Edit Pharmacy Invoice option is used to edit data from a previously entered Pharmacy invoice. All data contained on the invoice may be edited (with the exception of the invoice number). Payments from batches that have been finalized cannot be edited.

Example

```
Select Invoice #:   38
DATE CORRECT INVOICE RECV'D: SEP 17,1994//    <RET>
VENDOR INVOICE DATE: SEP 14,1994//    <RET>
VENDOR: BARNABY DRUGS//    <RET>
INVOICE STATUS: PENDING PAYMENT PROCESS//    <RET>
Select PRESCRIPTION NUMBER:  55303    DATE RX FILLED: 05/01/94

PRESCRIPTION NUMBER: 55303//    <RET>
DRUG NAME: VALIUM//    <RET>
STRENGTH: 5MG//    10MG
QUANTITY: 30//    20
AMOUNT CLAIMED: 21//    <RET>
RED BOOK COST: 15//    <RET>
AMOUNT PAID: 18.25//    <RET>
AMOUNT SUSPENDED: 2.75//    <RET>
SUSPEND CODE: 1//    I     Payment made for Generic drug
LINE ITEM STATUS: PENDING PAYMENT PROCESS//    <RET>

Select Invoice #:
```

Enter Pharmacy Invoice

New Prompts:
Vendor Invoice Date: - allows you to enter the vendor's invoice date.

FBAA ESTABLISH VENDOR - required to enter new vendors.

New insurance information may be uploaded into IB files through this option.

A YES response at the "Are there any discrepancies with insurance data on file?" prompt generates a mail bulletin to MCCR to report erroneous insurance data.

Introduction

The Enter Pharmacy Invoice option is used to enter Pharmacy invoices into the system for payment. If you are entering a new invoice, the system will automatically assign a new invoice number. If you are continuing with a previously entered invoice, the system will display the line items that have already been entered, if requested. Each invoice is made up of individual prescriptions. The prescription data, including date prescription filled, prescription number, drug name, strength, and quantity is entered separately for each prescription. The invoice is not assigned to a batch in this option but at a later time in the Pharmacy invoice payment process.

At most facilities, both MAS and Pharmacy Service are involved. The system automatically refers the prescription to Pharmacy Service for a determination.

Duplicate entry of prescription numbers filled on the same date for the same vendor will not be allowed. The system will alert you to the duplicate entry.

New insurance information may be entered through this option. For help with entering new insurance data and/or reporting discrepancies in current information for the selected patient to MCCR, please refer to Appendix A.

Enter Pharmacy Invoice

Example

```
Are you sure you want to enter a new invoice? Yes//   <RET>

Invoice # assigned is: 599

Select FEE BASIS VENDOR NAME:   CVS     345658976  CHAIN #: 101  PHARMACY
         123 MAIN AVE                   (Awaiting Austin Approval)
         TROY, NY  12180    TEL. #:  518-272-0987



                    ***  VENDOR DEMOGRAPHICS  ***
                  ==> AWAITING AUSTIN APPROVAL <==

        Name:  CVS                          ID Number: 345658976
     Address:  123 MAIN AVE                  Specialty:
        City:  TROY                               Type: PHARMACY
       State:  NEW YORK           Participation Code: PHARMACY
         ZIP:  12180              Medicare ID Number: 181818
      County:  RENSSELAER                        Chain: 101
       Phone:  518-272-0987
         Fax:  518-272-0900
 Austin Name:
 Last Change                               Last Change
   TO Austin: 11/21/94                      FROM Austin:

Want to edit Vendor data? No//   <RET>

Date Correct Invoice Received:  11/30  (NOV 30, 1994)

Vendor Invoice Date:   11/25  (NOV 25, 1994)
```

```
Select Patient:  DAY,DENNIS            07-21-50     409129012     NSC VETERAN


DAY,DENNIS                             Pt.ID: 409-12-9012
129 BROWNDYKE ROAD                       DOB: JUL 21,1950
COHOES                                   TEL: 518-261-8911
NEW YORK 12901                        CLAIM #: Not on File
                                       COUNTY: COLUMBIA

Primary Elig. Code: NSC  --  PENDING VERIFICATION  JUL 15, 1987
Other Elig. Code(s): NO ADDITIONAL ELIGIBILITIES IDENTIFIED

  Service Connected: NO
 Rated Disabilities: NONE STATED

    Health Insurance: NO
    Insurance Co.     Subscriber ID    Group      Holder  Effective Expires
=============================================================================
    No Insurance Information
Want to add NEW insurance data? No//   <RET>
Are there any discrepancies with insurance data on file? No//    <RET>
```

Enter Pharmacy Invoice

Example, cont.

```
Patient Name: DAY,DENNIS                           Pt.ID: 409-12-9012

AUTHORIZATIONS:
   (1) FR: 08/30/94      VENDOR: DOOLY MEDICAL CENTER - 777999098
       TO: 09/17/94
                         Authorization Type: CIVIL HOSPITAL
         Purpose of Visit: EMERG. NON-VA CARE (INPT/OPT) VET. REC. CARE IN FED
. HOSP. AT VA EXP.
           DX:
       County: COLUMBIA                 PSA: ALBANY, NY

           REMARKS:
             7078 DEFAULT AUTH SERVIC TEXT
   (2) FR: 11/01/94      VENDOR: CVS - 345658976
       TO: 12/31/94
                         Authorization Type: Outpatient - Short Term
         Purpose of Visit: OPT TO OBVIATE THE NEED FOR HOSP. ADMISSION
           DX:
       County: COLUMBIA                 PSA: ALBANY, NY




Enter a number (1-3):  2
```

```
Want to review fee pharmacy payment history? No//    <RET>


DATE PRESCRIPTION FILLED:  11/15  (NOV 15, 1994)
Select PRESCRIPTION NUMBER:  12345
  AMOUNT CLAIMED:  65.00
  DRUG NAME:  VALIUM
  MANUFACTURER:  ROCHE
  STRENGTH:  5MG
  QUANTITY:  100

Prescription referred to Pharmacy Service for determination.




Select Patient:  <RET>

Invoice No.: 599 Completed!

Want to enter another Invoice? No//   <RET>
```

List Invoices Pending MAS Completion

Introduction

The List Invoices Pending MAS Completion option lists the invoices that have been entered into the system, have had a Pharmacy determination made, and are now awaiting completion by Medical Administration Service. The option then provides the opportunity to complete these invoices. The completion items may include the following:

- Red Book cost
- Amount paid
- Amount suspended
- Suspense code (if applicable)

The Red Book is an annual pharmacists' reference containing dosage tables, drug interactions, product information, and available prices.

Example

```
        Pharmacy Invoices Pending MAS Completion

Invoice No: 234 has 1 line items to be completed
Invoice No: 280 has 2 line items to be completed

Want to complete one of them now? Yes//    <RET>

Select FEE BASIS PHARMACY INVOICE NUMBER:    234


Vendor: GRETLE PHARMACY     Vendor ID: 888888888

Patient: TUTTLE,BARBARA    Patient ID: 090-90-0090

Drug Name                   RX #    Strength    Qty   Amt Claimed
================================================================
VALIUM                      987      25MG       30       20

     Generic Drug Substituted: DIAZEPAM

MEDICAID DISPENSING FEE:  $3.25// <RET>


RED BOOK COST:   12
AMOUNT PAID: 15.25//    <RET>
AMOUNT SUSPENDED: 4.75//    <RET>
SUSPEND CODE:   1    Charge exceeds maximum payable

Invoice is Complete
Select FEE BASIS PHARMACY INVOICE NUMBER:
```

List Pharmacy History

Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information, when applicable. Line items that had previously been cancelled are annotated with a plus sign (+).

Introduction

The List Pharmacy History option is used to display or print a list of all the Fee Basis prescriptions for a selected patient. These are listed in reverse chronological order, with the most recent date first. Reimbursements to the patient, voided payments, and cancellation activity are indicated.

Example

```
Select FEE BASIS PATIENT NAME:    TERRANTON,ADAM    10-18-20   111111111
DEVICE: HOME//   <RET>                  RIGHT MARGIN: 80//   <RET>


Patient: TERRANTON,ADAM          SSN: 111111111   DOB: 10/18/20
              ('*' Re-imbursement to Patient   '+' Cancellation Activity)
              ('#' Voided Payment)
  Vendor Name                                 ID #        Chain #
    Fill Date
              Drug Name                    Strength     Quantity
  Claimed     Paid     Code  Invoice #   Batch #       Date Certified
============================================================================
VACHON PHARMACY                                   878787878
    04/01/94
 Rx: 900       LASIX                       250MG                30
    12.00     10.00     1      352         109

VACHON PHARMACY                                   878787878
    03/23/94
 Rx: 509       VALIUM                      10MG                 15
    6.00      6.00             352         109

FAYS DRUGS                                        123987789    309
    12/02/93
 Rx: 321       MEPROBAMATE                 400MG                30
    13.00     13.00            265         98         01/21/87

FAYS DRUGS                                        123987789    309
    10/01/94
 Rx: 109       CODEINE                     50MG                 10
    20.00     16.00     1      243         89         11/30/86
```

Patient Re-imbursement

New Prompt:
Vendor Invoice Date: - allows you to enter the vendor's invoice date.

FBAA ESTABLISH VENDOR - required to enter new vendors.

A YES response at the "Are there any discrepancies with insurance data on file?" prompt generates a mail bulletin to MCCR to report erroneous insurance data.

New insurance information may be uploaded into IB files through this option.

Introduction

The Patient Re-imbursement option is used to enter a reimbursement payment to a veteran for prescription services when the veteran has paid the vendor directly. Prescriptions should routinely be obtained from the VA medical centers and only purchased at local pharmacies in an emergency situation.

Each Pharmacy invoice is made up of individual prescriptions. If you are entering a new invoice, the system will automatically assign a new invoice number. If you are continuing with a previously entered invoice, the system will display the line items that have already been entered, if requested. The invoice is not assigned to a batch in this option but at a later time in the Pharmacy invoice payment process.

At most facilities, both MAS and Pharmacy Service are involved. The system automatically refers the prescription to Pharmacy Service for review.

New insurance information may be entered through this option. For help with entering new insurance data and/or reporting discrepancies in current information for the selected patient to MCCR, please refer to Appendix A.

Patient Re-imbursement

Example

```
Are you sure you want to enter a new invoice? Yes//   <RET>

Invoice # assigned is: 600


Select FEE BASIS VENDOR NAME:  CVS       345658976  CHAIN #: 101  PHARMACY
          123 MAIN AVE                   (Awaiting Austin Approval)
          TROY, NY  12180    TEL. #:  518-272-0987




                    ***  VENDOR DEMOGRAPHICS  ***
                 ==> AWAITING AUSTIN APPROVAL <==

        Name:  CVS                        ID Number: 345658976
     Address:  123 MAIN AVE                 Specialty:
        City:  TROY                              Type: PHARMACY
       State:  NEW YORK            Participation Code: PHARMACY
         ZIP:  12180               Medicare ID Number: 181818
      County:  RENSSELAER                       Chain: 101
       Phone:  518-272-0987
         Fax:  518-272-0900
 Austin Name:
 Last Change                           Last Change
   TO Austin:  11/21/94                  FROM Austin:

Want to edit Vendor data? No//   <RET>
```

```
Date Correct Invoice Received:  11/30  (NOV 30, 1994)


Vendor Invoice Date:  11/15  (NOV 15, 1994)




Select Patient: DAY,DENNIS
```

Patient Re-imbursement

Example, cont.

```
DAY,DENNIS                              Pt.ID: 409-12-9012
129 BROWNDYKE ROAD                        DOB: JUL 21,1950
COHOES                                    TEL: 518-261-8911
NEW YORK 12901                         CLAIM #: Not on File
                                       COUNTY: COLUMBIA


Primary Elig. Code: NSC  --  PENDING VERIFICATION  JUL 15, 1987
Other Elig. Code(s): NO ADDITIONAL ELIGIBILITIES IDENTIFIED


  Service Connected: NO
 Rated Disabilities: NONE STATED


    Health Insurance: NO
     Insurance Co.    Subscriber ID    Group      Holder  Effective Expires


========================================================================
    No Insurance Information
Want to add NEW insurance data? No//   <RET>
Are there any discrepancies with insurance data on file? No//    <RET>
```

```
Patient Name: DAY,DENNIS                          Pt.ID: 409-12-9012

AUTHORIZATIONS:
   (1) FR: 08/30/94      VENDOR: DOOLY MEDICAL CENTER - 777999098
        TO: 09/17/94
                         Authorization Type: CIVIL HOSPITAL
          Purpose of Visit: EMERG. NON-VA CARE (INPT/OPT) VET. REC. CARE IN FED
. HOSP. AT VA EXP.
          DX:
        County: COLUMBIA                PSA: ALBANY, NY

          REMARKS:
             7078 DEFAULT AUTH SERVIC TEXT

   (2) FR: 11/01/94      VENDOR: CVS - 345658976
        TO: 12/31/94
                         Authorization Type: Outpatient - Short Term
         Purpose of Visit: OPT TO OBVIATE THE NEED FOR HOSP. ADMISSION
          DX:
        County: COLUMBIA                PSA: ALBANY, NY




Enter a number (1-3):  2
```

Patient Re-imbursement

Example, cont.

```
                 Patient:  DAY,DENNIS
          Address Line 1:  129 BROWNDYKE ROAD
                    City:  COHOES
                   State:  NEW YORK
                     Zip:  12901
                  County:  COLUMBIA

Want to edit Address data? No//   <RET>

Want to review fee pharmacy payment history? No//    <RET>


DATE PRESCRIPTION FILLED:  11/1  (NOV 01, 1994)
Select PRESCRIPTION NUMBER:  10191
  AMOUNT CLAIMED:  40.00
  DRUG NAME:  valium
  MANUFACTURER:  Roche
  STRENGTH:  5mg
  QUANTITY:  50

Prescription referred to Pharmacy Service for determination.




Select Patient:  <RET>

Invoice No.: 600 Completed!

Want to enter another Invoice? No//
```

Pharmacy Invoice Status

Introduction

This option is used to display the status of a pharmacy invoice. The status of the invoice will depend on the status of the prescriptions in that invoice. For example, if an invoice contained four prescriptions, three of which have been reviewed by Pharmacy Service, and one which is awaiting review, the status of the entire invoice would be PENDING PHARMACY DETERMINATION. Following are the four Pharmacy invoice statuses:

- PENDING PHARMACY DETERMINATION - all prescription data necessary for Pharmacy Service to review has been entered into the system.

- PENDING MAS COMPLETION - reviewed by Pharmacy Service including a determination as to whether or not the prescription was for an authorized condition, whether it was emergent, and whether payment should be based on the generic drug price. MAS now needs to complete the Red Book cost, amount paid, amount suspended, etc.

- PENDING PAYMENT PROCESS - waiting to be assigned to a Pharmacy Fee Basis batch.

- COMPLETED - The invoice has been assigned to a batch.

Example

```
Select FEE BASIS PHARMACY INVOICE NUMBER:        14

NUMBER: 14
  DATE CORRECT INVOICE RECV'D: MAY 28, 1993
  DATA ENTRY CLERK: MARTIN,MICHAEL       VENDOR: ANN ARBOR DRUG
  INVOICE STATUS: PENDING MAS COMPLETION
  TOTAL AMOUNT CLAIMED: 1                TOTAL AMOUNT PAID: 0
  DATE INVOICE ENTERED: MAY 28, 1993     TOTAL LINE COUNT: 1
  VENDOR INVOICE DATE: MAY 26, 1993

Select FEE BASIS PHARMACY INVOICE NUMBER:   15

NUMBER: 15
  DATE CORRECT INVOICE RECV'D: MAY 28, 1993
  DATA ENTRY CLERK: MARTIN,MICHAEL G     VENDOR: ANN ARBOR DRUG
  INVOICE STATUS: COMPLETED              TOTAL AMOUNT CLAIMED: 1
  TOTAL AMOUNT PAID: 1                   DATE INVOICE ENTERED: MAY 28, 1993
  TOTAL LINE COUNT: 1
  VENDOR INVOICE DATE: MAY 26, 1993

Select FEE BASIS PHARMACY INVOICE NUMBER:
```

Potential Cost Recovery Report

Introduction

The Potential Cost Recovery option is intended to identify costs for Fee Basis services which may be able to be recovered for selected Primary Service Areas (PSA[s]) for a specified time period. You may select up to twenty PSAs per report.

Example

```
Select Primary Service Facility: ALL//   <RET>

**** Date Range Selection ****

   Beginning DATE :  060194  (JUN 01, 1994)

   Ending    DATE :  T  (JUL 20, 1994)

QUEUE TO PRINT ON
DEVICE: HOME//  PHARMACY PRINTER     RIGHT MARGIN: 80//  <RET>

Requested Start Time: NOW//  <RET> (AUG 19, 1994@16:08:33)
REQUEST QUEUED
```

```
                      POTENTIAL COST RECOVERY REPORT
                        Division: 623 MUSKOGEE, OK
                           06/01/94 - 07/20/94
                                                              Page: 1
Patient: BACON,JOSEPH                   Patient ID: 106-10-4877  DOB: 12/12/14

   ('*' Represents Reimbursement to Patient    '#' Represents Voided Payment)
=============================================================================

   Health Insurance: YES
   Insurance Co.    Subscriber ID    Group        Holder  Effective Expires
   ==========================================================================
   BLUE CROSS BLUE   12345                         SELF    1/1/94    12/31/94

                       FEE PROGRAM: OUTPATIENT

  Svc Date CPT-MOD     Amount       Amount  Susp   Travel  Batch Invoice Voucher
                       Claimed       Paid   Code    Paid   Num    Num    Date
==============================================================================

Vendor: CVS PHARMACY              Vendor ID: 987561234
 04/18/94  11001       99.95       90.00      1             00004    2   07/20/94
    Primary Dx: DICALC PHOS CRYST-H (712.14)  S/C Condition? NO   Obl.#: C89211
     >>> Cost recover from insurance.
```

Prescriptions Pending Pharmacy Review

Introduction

The Prescriptions Pending Pharmacy Review option will allow Pharmacy to view/print the prescriptions that are pending review. This will give them the ability to look at the Pharmacy profile and check for prescriptions dispensed by Pharmacy Service.

Example

```
DEVICE: <RET>   Decnet    RIGHT MARGIN: 80//   <RET>


PRESCRIPTIONS PENDING PHARMACY REVIEW          JUL 20,1993  17:47    PAGE 1
INVOICE #   VENDOR                                       VENDOR ID
     DRUG NAME                          STRENGTH         QUANTITY
---------------------------------------------------------------------------


       PATIENT: BACON,JOSEPH
                Pt.ID: 106-10-4877

50         BROOKS  PHARMACY                           897-54-8654
  Date Filled: JUL 13,1993               RX #: 346056
      IBUPROFEN                          350MG              30

       PATIENT: SMITH,FRED X
                Pt.ID: 330-56-9812

50         BROOKS  PHARMACY                           897-54-8654
  Date Filled: JUL 13,1993               RX #: 4596056
      NAMBUTEROL                         500MG              20
```

Review Fee Prescription
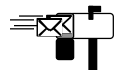
A YES response at the "Are there any discrepancies with insurance data on file?" prompt generates a mail bulletin to MCCR to report erroneous insurance data.

New insurance information may be uploaded into IB files through this option.

Introduction

The Review Fee Prescription option allows review of a fee basis prescription by Pharmacy Service. This review is to determine if the prescription was for a service-connected disability, if it was required in an emergent situation, and whether or not payment should be based on the generic drug price. The review is usually made by a pharmacist. If the drug was not prescribed for an authorized condition in an emergent situation, it will be disapproved for payment, and the vendor will be notified through a suspension letter.

New insurance information may be entered through this option. For help with entering new insurance data and/or reporting discrepancies in current information for the selected patient to MCCR, please refer to Appendix A.

It should be noted that if the VA generic drug equivalent is not entered when reviewing a prescription, the system will act as if that prescription has not been reviewed. The prescription will remain in a PENDING PHARMACY DETERMINATION status.

Example

```
 ...HMMM, I'M WORKING AS FAST AS I CAN...

There are 2 Fee Prescription(s) Pending Pharmacy review

Want to review some now? Yes//    <RET>
Select FEE BASIS PHARMACY INVOICE NUMBER:    199

JONES,MICKEY                         Pt.ID: 606-77-8899
2233 LOOKOUT RD                        DOB: JUN 12,1955
TACOMA                                    TEL: Not on File
WASHINGTON 98493                     CLAIM #: 5557788
                                      COUNTY: THURSTON

Primary Elig. Code: SERVICE CONNECTED 50% to 100%  --  VERIFIED  MAY 14, 1993
Other Elig. Code(s): NO ADDITIONAL ELIGIBILITIES IDENTIFIED
```

Review Fee Prescription

Example, cont.

```
        SC Percent: 100%
 Rated Disabilities: PSYCHOSIS (50%-SC)
                     SEIZURE DISORDER (40%-SC)
                     ARTERIOSCLEROSIS (30%-SC)
                     TINNITUS (0%-SC)

    Health Insurance: NO
    Insurance Co.    Subscriber ID    Group      Holder  Effective Expires
    =======================================================================
    No Insurance Information
Want to add NEW insurance data? No//   <RET>
Are there any discrepancies with insurance data on file? No//    <RET>
```

```
Fee ID Card #: 777777                   Fee Card Issue Date: 11/15/92


Patient Name: JONES,MICKEY                          Pt.ID: 606-77-8899


AUTHORIZATIONS:
   (1) FR: 07/01/93      VENDOR: SUNNY ACRES - 225447788
       TO: 07/15/94
                          Authorization Type: CONTRACT NURSING HOME
          Purpose of Visit: COMMUNITY NURSING HOME FOR SC DISABILITY(IES)
          DX:
       County: THURSTON              PSA: TACOMA (AMERICAN LAKE), WA


          REMARKS:



Want to review fee pharmacy payment history? No//   <RET>
-----------------------------------------------------------------------------

Vendor: BROOKS PHARMACY


Prescription #: 346056    Drug: IBUPROFEN


Fill Date: 07/13/93    Strength: 350MG  Qty: 30
Is Prescription for an Authorized Condition? Yes//   <RET>
Was a Generic Drug issued to patient? Yes//   <RET>
Enter VA Generic Drug equivalent:  diazepam
    1    DIAZEPAM 10MG S.T.
    2    DIAZEPAM 10MG SYRINGE                      10-24-82
    3    DIAZEPAM 2MG S.T.
    4    DIAZEPAM 5MG TAB
    5    DIAZEPAM 5MG/ML 10ML MDV                   N/F
TYPE '^' TO STOP, OR
CHOOSE 1-5: 4
Is this an emergency medication? Yes//    <RET>
```

Review Fee Prescription

Example, cont.

```
Optional Pharmacy Remarks:  MEDICATION LOST IN MAIL
-------------------------------------------------------------------------------

                    >>>   PRESCRIPTION REVIEW   <<<

Rx for Authorized condition: Yes      Emergency Medication: Yes
Generic Drug Issued: Yes                Generic Drug Name: DIAZEPAM

Optional Pharmacy Remarks: MEDICATION LOST IN MAIL

Want to edit prior to release? No//   <RET>
Want to review another Prescription? Yes//     NO
```

Vendor Payments Output

Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information. Line items that had previously been cancelled are now annotated with a plus sign (+).

Introduction

The Vendor Payments Output option is used to generate a history of payments made to a selected vendor within a specified date range. You may print the history for one, several, or all Fee Basis programs.

Example

```
Select Fee Vendor:  BROOKS PHARMACY        897548654  CHAIN #: 044   PHARMACY
          2300 RET 146
          GUILDERLAND, NY  12424    TEL. #:  518-353-0976


**** Date Range Selection ****

   Beginning DATE :  1/1/94  (JAN 1, 1994)

   Ending    DATE :  T  (FEB 28, 1994)

Select FEE Program: ALL//  PHARMACY
Select another FEE Program:  <RET>

DEVICE: HOME//  <RET>  Decnet    RIGHT MARGIN: 80//  <RET>
```

```
                   VENDOR PAYMENT HISTORY
                   ========================                      Page: 1
Vendor: BROOKS PHARMACY                    Vendor ID: 897548654    Chain #: 044
                        FEE PROGRAM: PHARMACY
   ('*' Reimb. to Patient  '+' Cancel. Activity  '#' Voided Payment)
    Fill Date
                Drug Name                     Strength      Quantity
  Claimed    Paid   Code Invoice #  Batch #        Date Certified
=============================================================================

Patient: KIRKER,DENNIS                     Patient ID: 019-40-9130 DOB: 2/22/22
  12/13/94
  Rx: 929292   VALIUM                            5mg                 30
     90.00    2.95  1   312         196                1/4/95
       >>>Check # 11887576  Date Paid:  1/20/94<<<


Press RETURN to continue or '^' to exit:
```

Vendor Payments Output

Example, cont.

```
                    VENDOR PAYMENT HISTORY
                    ========================              Page: 2
Vendor: BROOKS PHARMACY                Vendor ID: 897548654   Chain #: 044
                         FEE PROGRAM: PHARMACY
   ('*' Reimb. to Patient  '+' Cancel. Activity  '#' Voided Payment)
     Fill Date
              Drug Name                    Strength      Quantity
   Claimed   Paid   Code Invoice #  Batch #       Date Certified
===============================================================================

Patient: SMITH,FRED X                  Patient ID: 330-56-9812 DOB: 5/12/51
  12/28/93
  Rx: 4596056  NAMBUTEROL                     500MG            20
     12.35    8.95  1   50          52                9/16/93
       >>>Check # 19889988  Date Paid:  2/12/94<<<



Select Fee Vendor:
```

Veteran Payments Output

Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information. Line items that had previously been cancelled are now annotated with a plus sign (+).

Introduction

The Veteran Payments Output option is used to generate a history of payments made within a specified date range for a selected Fee Basis patient. You may choose to print the history for one, several, or all Fee Basis programs.

Example

```
Select Fee Patient: KIRKER,DENNIS          02-22-22      019409123      SC VETERAN

**** Date Range Selection ****

   Beginning DATE :  11/1/94  (NOV 1, 1994)

   Ending    DATE :  T  (JAN 09, 1995)

Select FEE Program: ALL//  PHARMACY
Select another FEE Program:   <RET>

DEVICE: HOME//  FEE BASIS PRINTER   RIGHT MARGIN: 80//  <RET>
```

Veteran Payments Output

Example, cont.

```
                        VETERAN PAYMENT HISTORY
                        =======================                    Page: 1
Patient: KIRKER,DENNIS                      Patient ID: 019-40-9123 DOB: 2/22/22
                            FEE PROGRAM: PHARMACY
   ('*' Reimb. to Patient  '+' Cancel. Activity  '#' Voided Payment)
    Fill Date
              Drug Name                      Strength      Quantity
  Claimed    Paid   Code Invoice #  Batch #       Date Certified
===============================================================================

Vendor:BROODS PHARMACY                       Vendor ID: 897548654   Chain #: 043
  11/16/94
  Rx: K2345    VALIUM                325       5mg               30
     90.00    2.95  1   182
        >>>Check # 11887576  Date Paid:  12/20/94<<<
         >>>Check cancelled on: 1/3/95   Reason:  WRONG PAYEE<<<
          Check WILL be re-issued.

Vendor:BROOKS PHARMACY                       Vendor ID: 897548654   Chain #: 044
  11/15/94
  Rx: 929292   VALIUM                          5mg               30
     90.00    2.95  1   182         496                1/4/95
        >>>Check # 18765890  Date Paid:  1/4/95<<<


Select Fee Patient:
```

SECTION 5
TELEPHONE INQUIRY MENU

Overview

Following is a brief description of each option contained in the Telephone Inquiry Menu.

CHECK DISPLAY - displays all payments for checks issued after the payment conversion from CALM (Centralized Accounting for Local Management) to FMS (Financial Management System).

PAYMENT LISTING FOR VENDOR/VETERAN - allows you to display a payment history (using VA List Manager) of all Fee Basis payments for a selected vendor and patient, regardless of Fee Program.

VENDOR PAYMENTS OUTPUT - used to generate a history of payments made to a selected vendor within a specified date range.

VETERAN PAYMENTS OUTPUT - used to generate a history of payments made within a specified date range for a selected Fee Basis patient.

Telephone Inquiry Menu
Check Display

NEW OPTION

Introduction

The Check Display option displays all payments included on a check that was issued after the payment conversion from CALM (Centralized Accounting for Local Management) to FMS (Financial Management System). The information displayed may differ dependent on the Fee Basis program you are using.

Example

```
Select Check Number:  69243230

DEVICE: HOME//  <RET>  VIRTUAL TERMINAL    RIGHT MARGIN: 80//   <RET>


                  PAYMENT HISTORY FOR CHECK # 69243230
                  ----------------------------------           Page: 1

                    FEE PROGRAM:  OUTPATIENT
 ('*' Reimbursement to Patient  '#' Voided Payment  '+' Cancellation Activity)
   Svc Date  CPT-    Amount        Amount      Susp  Batch        Invoice
             MOD    Claimed         Paid       Code  Number       Number
============================================================================

VENDOR:  RODNEY ROGERS, M.D.             VENDOR ID:  324100000A

Patient: ARBY,ROBERT                        Patient ID:  123-12-1234
  4/1/94    10020       5.00        5.00             363         541
      >>>Check # 69243230  Date Paid:  8/29/94<<<



Press RETURN to continue or '^' to exit:
```

**Telephone Inquiry Menu**
  Payment Listing for Vendor/Veteran

Version 3.5 Changes: New Option

Patch FB*3.5*4 Changes: An ampersand '&' is displayed after the CPT modifier when there are additional modifiers. The additional modifiers can be seen with the LC (Lookup CPT/Modifier) or ID (Invoice Display) or EV (Expand View) actions for the selected payment.

FBAA ESTABLISH VENDOR - required to edit existing vendors when using the DISPLAY VENDOR action in this option.
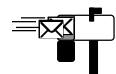
When viewing outpatient payments through the DISPLAY AUTH/7078/583 action, a YES response at the "Are there any discrepancies with insurance data on file?" prompt generates a mail bulletin to MCCR to report erroneous insurance data.

New insurance information may be uploaded into IB files through the DISPLAY AUTH/7078/583 action in this option.

Introduction

The Payment Listing for Vendor/Veteran option allows you to display a payment history (using VA List Manager) of all Fee Basis payments for a selected vendor and patient, regardless of Fee Program.

A variety of actions are displayed at the bottom of the screen which allow you to view more detailed, specific types of information about a selected payment, or change the patient or vendor without exiting the option. A plus sign (+) at the bottom of the screen (just above the actions) indicates there are additional screens. A double question mark entered at the Select Action prompt will list all available actions for this option.

For further information about using the List Manager, please refer to the List Manager Appendix at the end of this manual.

Telephone Inquiry Menu
Payment Listing for Vendor/Veteran

Example

```
Select FEE BASIS VENDOR:  DOOLY MEDICAL CENTER    777999098  NON-VA HOSPITAL
          TROY, NY  12190


Payments for veteran:  DEETS,DENNIS
```

```
PAYMENT HISTORY              Nov 18, 1994 13:43:19       Page:   1 of    2
VENDOR: DOOLY MEDICAL CENTER              Patient Name: DEETS,DENNIS
   ID: 777999098                                SSN: 409-12-9012
   '*' Reimb. to Patient    '+' Cancel. Activity    '#' Voided Payment
     SERVICE DATES        SERVICE        AMT CL      AMT PD    CODE    INV   BATCH
 1+  09/05/94          CPT: 12018         5.00        5.00              556    369
     >>>Check cancelled on: 10/3/94   Reason:  WRONG PAYEE<<<
        Check WILL be re-issued.
 2+  09/02/94          CPT: 99243-77     11.00        2.00 D            555    369
     >>>Check # 11887576  Date Paid:  10/20/94<<<
     >>>Amount paid altered to $ 3.00 on the Fee Payment Voucher document.<<<
 3   09/02/94          CPT: 10020        15.00        5.00 1            555    369
     >>>Check # 91060810  Date Paid:  10/3/94<<<
 4   09/02/94          CPT: 10000        10.00       10.00              555    369
     >>>Check # 37776200  Date Paid:  10/3/94<<<
 5   08/30/94 - 09/17/94               100.23      100.00              554    368
 6   05/01/94          CPT: 90010-76    20.00       20.00              566    377
+          Enter ?? for more actions
BS   BATCH STATUS          EV   EXPAND VIEW         DV   DISPLAY VENDOR
LB   LIST BATCH            CP   CHANGE PATIENT      DC   DISPLAY CHECK
ID   INVOICE DISPLAY       CV   CHANGE VENDOR
LC   LOOKUP CPT/MODIFIER   DA   DISPLAY AUTH/7078/583
Select Action:Next Screen//   +    +
```

```
PAYMENT HISTORY              Nov 18, 1994 13:44:27       Page:   2 of    2
VENDOR: DOOLY MEDICAL CENTER              Patient Name: DEETS,DENNIS
   ID: 777999098                                SSN: 409-12-9012
   '*' Reimb. to Patient    '+' Cancel. Activity    '#' Voided Payment
+    SERVICE DATES        SERVICE        AMT CL      AMT PD    CODE    INV   BATCH
 7   08/30/94 - 09/17/94                 1.00        1.00              559    368




          Enter ?? for more actions
BS   BATCH STATUS          EV   EXPAND VIEW         DV   DISPLAY VENDOR
LB   LIST BATCH            CP   CHANGE PATIENT      DC   DISPLAY CHECK
ID   INVOICE DISPLAY       CV   CHANGE VENDOR
LC   LOOKUP CPT/MODIFIER   DA   DISPLAY AUTH/7078/583
Select Action:Quit//  BS=7
```

Telephone Inquiry Menu
Payment Listing for Vendor/Veteran

Example, cont.

```
NUMBER: 368                          OBLIGATION NUMBER: C35001
  TYPE: CH/CNH                       DATE OPENED: SEP 27, 1994
  CLERK WHO OPENED: HENSLER,BARBARA  STATION NUMBER: 500
  INVOICE COUNT: 3                   PAYMENT LINE COUNT: 3
  CONTRACT HOSPITAL BATCH: yes       BATCH EXEMPT: YES


  STATUS: OPEN


Press 'ENTER' to return to list:   <RET>
```

```
PAYMENT HISTORY                 Nov 18, 1994 13:44:27       Page:  2 of   2
VENDOR: DOOLY MEDICAL CENTER             Patient Name: DEETS,DENNIS
   ID: 777999098                                 SSN: 409-12-9012
   '*' Reimb. to Patient    '+' Cancel. Activity   '#' Voided Payment
+    SERVICE DATES        SERVICE        AMT CL      AMT PD   CODE   INV  BATCH
 7   08/30/94 - 09/17/94                   1.00        1.00          559    368








            Enter ?? for more actions
BS   BATCH STATUS           EV   EXPAND VIEW           DV   DISPLAY VENDOR
LB   LIST BATCH             CP   CHANGE PATIENT        DC   DISPLAY CHECK
ID   INVOICE DISPLAY        CV   CHANGE VENDOR
LC   LOOKUP CPT/MODIFIER    DA   DISPLAY AUTH/7078/583
Select Action:Quit//-     -
```

Telephone Inquiry Menu
Payment Listing for Vendor/Veteran

Example, cont.

```
PAYMENT HISTORY              Nov 18, 1994 13:43:19        Page:   1 of    2
VENDOR: DOOLY MEDICAL CENTER              Patient Name: DEETS,DENNIS
    ID: 777999098                                 SSN: 409-12-9012
    '*' Reimb. to Patient    '+' Cancel. Activity    '#' Voided Payment
      SERVICE DATES          SERVICE        AMT CL     AMT PD    CODE   INV   BATCH
 1+  09/05/94            CPT: 12018          5.00        5.00            556    369
       >>>Check cancelled on: 10/3/94   Reason:  WRONG PAYEE<<<
          Check WILL be re-issued.
 2+  09/02/94            CPT: 99243-77      11.00        2.00 D          555    369
       >>>Check # 11887576  Date Paid:  10/20/94<<<
       >>>Amount paid altered to $ 3.00 on the Fee Payment Voucher document.<<<
 3   09/02/94            CPT: 10020         15.00        5.00 1          555    369
       >>>Check # 91060810  Date Paid:  10/3/94<<<
 4   09/02/94            CPT: 10000         10.00       10.00            555    369
       >>>Check # 37776200  Date Paid:  10/3/94<<<
 5   08/30/94 - 09/17/94                   100.23      100.00            554    368
 6   05/01/94            CPT: 90010-76      20.00       20.00            566    377
+          Enter ?? for more actions
BS   BATCH STATUS         EV   EXPAND VIEW         DV   DISPLAY VENDOR
LB   LIST BATCH           CP   CHANGE PATIENT      DC   DISPLAY CHECK
ID   INVOICE DISPLAY      CV   CHANGE VENDOR
LC   LOOKUP CPT/MODIFIER  DA   DISPLAY AUTH/7078/583
Select Action:Quit//  DA=6   DISPLAY AUTH/7078/583
```

```
DEETS,DENNIS                          Pt.ID: 409-12-9012
20 TOPSVILLE ROAD                       DOB: MAY 12,1950
SCHENECTADY                             TEL: 518-239-4567
NEW YORK 12305                      CLAIM #: Not on File
                                    COUNTY: SCHENECTADY


Primary Elig. Code: SERVICE CONNECTED 50% to 100%  --  VERIFIED  JUL 28, 1987
Other Elig. Code(s): NO ADDITIONAL ELIGIBILITIES IDENTIFIED


        SC Percent: 73%
 Rated Disabilities: LOSS OF ARM (73%-SC)


    Health Insurance: YES
    Insurance Co.     Subscriber ID    Group      Holder  Effective Expires


===========================================================================
    AETNA                            444-555     OTHER
Want to add NEW insurance data? No//  <RET>
Are there any discrepancies with insurance data on file? No//    <RET>
```

Telephone Inquiry Menu
Payment Listing for Vendor/Veteran

Example, cont.

```
Fee ID Card #: 56556                    Fee Card Issue Date: 05/19/90


Patient Name: DEETS,DENNIS                         Pt.ID: 409-12-9012


AUTHORIZATIONS:
   (1) FR: 05/19/93      VENDOR: Not Specified
       TO: 05/19/94
                         Authorization Type: Outpatient - ID Card
            Purpose of Visit: OPT - SC 50% OR MORE
            DX: SICK
         County: SCHENECTADY             PSA: Unknown



Press 'ENTER' to return to list:    <RET>
```

```
PAYMENT HISTORY               Nov 18, 1994 13:43:19        Page:   1 of    2
VENDOR: DOOLY MEDICAL CENTER          Patient Name: DEETS,DENNIS
   ID: 777999098                                 SSN: 409-12-9012
   '*'  Reimb. to Patient    '+' Cancel. Activity    '#' Voided Payment
     SERVICE DATES          SERVICE       AMT CL     AMT PD    CODE   INV  BATCH
  1+  09/05/94           CPT: 12018        5.00          5.00          556    369
      >>>Check cancelled on: 10/3/94   Reason:  WRONG PAYEE<<<
         Check WILL be re-issued.
  2+  09/02/94           CPT: 99243-77    11.00          2.00 D    555    369
      >>>Check # 11887576  Date Paid:  10/20/94<<<
      >>>Amount paid altered to $ 3.00 on the Fee Payment Voucher document.<<<
  3   09/02/94           CPT: 10020       15.00          5.00 1    555    369
      >>>Check # 91060810  Date Paid:  10/3/94<<<
  4   09/02/94           CPT: 10000       10.00         10.00          555    369
      >>>Check # 37776200  Date Paid:  10/3/94<<<
  5   08/30/94 - 09/17/94                100.23        100.00          554    368
  6   05/01/94           CPT: 90010-76    20.00         20.00          566    377
+        Enter ?? for more actions
BS   BATCH STATUS         EV   EXPAND VIEW        DV   DISPLAY VENDOR
LB   LIST BATCH           CP   CHANGE PATIENT     DC   DISPLAY CHECK
ID   INVOICE DISPLAY      CV   CHANGE VENDOR
LC   LOOKUP CPT/MODIFIER  DA   DISPLAY AUTH/7078/583
Select Action:Next  Screen// QUIT
```

Telephone Inquiry Menu
Vendor Payments Output

Version 3.5 Changes:
Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information. Line items that had previously been cancelled are now annotated with a plus sign (+).

Patch FB*3.5*4 Changes: A new symbol will be displayed after the Amount Paid for outpatient and ancillary payments to indicate how the amount was determined. The symbol is determined as follows:
'R' - Amount paid equals the RBRVS fee schedule amount.
'F' - Amount paid equals the VA 75th Percentile fee schedule amount.
'C' - Payment is assumed to be for a contracted service because the prompt pay type is 'money managed'.
'U' - Payment is assumed to be at the Usual & Customary amount because none of the other symbols apply.

Introduction

The Vendor Payments Output option is used to generate a history of payments made to a selected vendor within a specified date range. You may print the history for one, several, or all Fee Basis programs.

Example

```
Select Fee Basis Vendor:  SAMARITAN HOSPITAL        987561234  SAMARITAN HOSPITAL
          31 BURDETT AVENUE
          TROY,  NEW YORK  12180-0123
          TEL. #:  518-272-2000

**** Date Range Selection ****

   Beginning DATE :  6/24  (JUN 24, 1993)

   Ending    DATE :  6/24  (JUN 24, 1993)

Select FEE BASIS Program: ALL//   OUTPATIENT
Select another FEE BASIS Program:   <RET>
DEVICE: HOME//  FEE BASIS PRINTER      RIGHT MARGIN: 80//   <RET>
DO YOU WANT YOUR OUTPUT QUEUED? NO//   <RET>  (NO)
```

Telephone Inquiry Menu
  ### Vendor Payments Output

Example, cont.

```
                        VENDOR PAYMENT HISTORY
                        ========================                    Page: 1
Vendor: DOCTOR                              Vendor ID: 000000001
                        FEE PROGRAM: OUTPATIENT
  ('*' Reimb. to Patient  '+' Cancel. Activity  '#' Voided Payment)
  (paid symbol: 'R' RBRVS  'F' 75 th percentile  'C' contract  'U' U&C)
  Svc Date CPT Code    Amount        Amount Susp         Batch Invoice Voucher
                       Claimed      Paid  Code            Num    Num    Date
==============================================================================

Patient: BACON,JOSEPH                      Patient ID: 106-10-4877
  07/09/93  90050(C&P)  25.00     25.00F                 00037    43
     Primary Dx: NEUROTIC DEPRESSION    S/C Condition? -       Obl.#: C89211
  07/07/93  90050(C&P)  25.00     25.00F                 00037    43
     Primary Dx: NEUROTIC DEPRESSION    S/C Condition? -       Obl.#: C89211
```

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Telephone Inquiry Menu
  Veteran Payments Output

⚡ Version 3.5 Changes:
Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information. Line items that had previously been cancelled are now annotated with a plus sign (+).

⚡ Patch FB*3.5*4 Changes: A new symbol will be displayed after the Amount Paid for outpatient and ancillary payments to indicate how the amount was determined. The symbol is determined as follows:
'R' - Amount paid equals the RBRVS fee schedule amount.
'F' - Amount paid equals the VA 75th Percentile fee schedule amount.
'C' - Payment is assumed to be for a contracted service because the prompt pay type is 'money managed'.
'U' - Payment is assumed to be at the Usual & Customary amount because none of the other symbols apply.

Introduction

The Veteran Payments Output option is used to generate a history of payments made within a specified date range for a selected Fee Basis patient. You may choose to print the history for one, several, or all Fee Basis programs.

Example

```
Select Outputs for Unauthorized Claims Option:    VETERAN Payments Output

Select Fee Basis Patient:  SMITH,FRED        12-25-45     330569812      SC
VETERAN

**** Date Range Selection ****

   Beginning DATE :  062493  (JUN 24, 1993)

   Ending    DATE :  062493  (JUN 24, 1993)

Select FEE BASIS Program: ALL//   OUTPATIENT
Select another FEE BASIS Program:   <RET>
DEVICE: HOME// FEE BASIS PRINTER    RIGHT MARGIN: 80//   <RET>
DO YOU WANT YOUR OUTPUT QUEUED? NO//   <RET>  (NO)
```

Telephone Inquiry Menu
Veteran Payments Output

Example, cont.

```
VETERAN PAYMENT HISTORY
                    ========================                  Page: 1
Patient: BACON,JOSEPH                    Patient ID: 106-10-4877
                      FEE PROGRAM: OUTPATIENT
 ('*' Reimb. to Patient  '+' Cancel. Activity  '#' Voided Payment)
 (paid symbol: 'R' RBRVS  'F' 75 th percentile  'C' contract  'U' U&C)
 Svc Date CPT Code    Amount      Amount Susp       Batch Invoice Voucher
                      Claimed     Paid   Code        Num    Num    Date
================================================================================

Vendor: DOCTOR                         Vendor ID: 000000001
 07/09/93  90050(C&P) 25.00     25.00F                 00037     43
    Primary Dx: NEUROTIC DEPRESSION    S/C Condition? -       Obl.#: C89211
 07/07/93  90050(C&P) 25.00     25.00F                 00037     43
    Primary Dx: NEUROTIC DEPRESSION    S/C Condition? -       Obl.#: C89211
 07/05/93  90050(C&P) 25.00     25.00F                 00037     43
    Primary Dx: NEUROTIC DEPRESSION    S/C Condition? -       Obl.#: C89211
```

SECTION 6
UNAUTHORIZED CLAIM MAIN MENU

Overview

Following is a brief description of each option contained in the Unauthorized Claim Main Menu.

ENTER/EDIT UNAUTHORIZED CLAIM MAIN MENU
The following applies to all options on this menu. For quick access when selecting a claim, enter one of the following:

p.patient name - to select a patient
v.vendor name - to select a vendor
o.other party name - to select an other party

To see the entries in any particular file, type <Prefix.?>. If you simply enter a name, the system will search each of the following files: FEE BASIS PATIENT (#161), FEE BASIS VENDOR (#161.2), and NEW PERSON (#200) for the name you have entered. You can speed processing by using the following syntax to select an entry:

<Prefix>.<entry name>
<Message>.<entry name>
<File Name>.<entry name>

ENTER UNAUTHORIZED CLAIM - used to enter a new unauthorized claim. A claim is considered complete when a VA Form 10-583 and all required documentation has been received in order to determine legal and medical entitlement.

MODIFY UNAUTHORIZED CLAIM - used to edit an unauthorized claim. Only claims which were never dispositioned may be edited.

DISPOSITION UNAUTHORIZED CLAIM - used to disposition an unauthorized claim. Only a user who holds the FBAASUPERVISOR security key may change the disposition.

RE-OPEN UNAUTHORIZED CLAIM - used to reopen a claim which has been dispositioned. Selection is limited to claims with a status of DISPOSITIONED. (Refer to Appendix B for more information about statuses.)

Overview

INITIATE APPEAL FOR UNAUTHORIZED CLAIM - used to initiate an appeal to the Board of Veterans Appeals (BVA). Selection of claims is limited to those claims which have a status of DISPOSITIONED. (Refer to Appendix B for more information about statuses.)

APPEAL EDIT FOR UNAUTHORIZED CLAIM - used to edit a claim which has been appealed to the Board of Veterans Appeals (BVA). Selection of claims is limited to those which have a status of APPEAL/NOTICE OF DISAGREE RECV, APPEAL/ISSUED STATEMENT OF CASE, APPEAL COMPLETE/PENDING REVIEW or APPEAL DISPOSITIONED. (Refer to Appendix B for more information about statuses.)

COVA APPEAL ENTER/EDIT - used to enter or edit an appeal to the Court of Veterans Affairs (COVA). Selection of claims is limited to those claims which have a status of APPEAL DISPOSITIONED, COVA APPEAL or COVA DISPOSITION.

REQUEST INFORMATION ON UNAUTHORIZED CLAIM - used to request information on an unauthorized claim. Selection of claims is limited to those claims which have a status of INCOMPLETE UNAUTHORIZED CLAIM, PENDING - REASON UNKNOWN, COMPLETE/PENDING REVIEW, APPEAL/NOTICE OF DISAGREE RECV or APPEAL/ISSUED STATEMENT OF CASE. (Refer to Appendix B for more information about statuses.)

RECEIVE REQUESTED INFORMATION - used to receive information which was requested for a claim. Selection of claims is limited to those claims which have a status of INCOMPLETE UNAUTHORIZED CLAIM, APPEAL/NOTICE OF DISAGREE RECV or APPEAL/ISSUED STATEMENT OF CASE. (Refer to Appendix B for more information about statuses.)

LETTERS FOR UNAUTHORIZED CLAIM

UPDATE DATE LETTER SENT - used if you are not generating your letters. It will update the date the letter was sent.

BATCH PRINT LETTERS - batches print letters which have been flagged for printing, but for some reason could not be printed.

REPRINT LETTER(S) - allows you to reprint letters which were already printed, provided that the current status of the unauthorized claim involves a letter. (Refer to Appendix B for more information about statuses.)

Overview

PAYMENTS FOR UNAUTHORIZED CLAIMS - used to enter payments for an unauthorized claim which has been dispositioned to APPROVED or APPROVED TO STABILIZATION.

OUTPUTS FOR UNAUTHORIZED CLAIMS

ALL CLAIMS BY VENDOR/VETERAN/OTHER - allows the user to display/print all unauthorized claims for a single vendor, veteran, or other party.

CHECK DISPLAY - displays all payments for checks issued after the payment conversion from CALM (Centralized Accounting for Local Management) to FMS (Financial Management System).

DISPLAY UNAUTHORIZED CLAIM - used to display an unauthorized claim. You can select the claim by vendor, veteran, other party name, or the claim which you would like to view.

DISPOSITION/STATUS STATISTICS DISPLAY/PRINT - provides a statistical report on unauthorized claims within a selected date range.

EXPIRATION DISPLAY/PRINT - displays/prints those unauthorized claims which will expire within the selected time frame.

STATUS DISPLAY/PRINT OF UNAUTHORIZED CLAIMS - displays/prints unauthorized claims by PSA and status. You have the option to sort by either vendor or veteran for the primary sort.

UNAUTHORIZED CLAIMS COST REPORT FOR CIVIL HOSPITAL - generates an output report to display the unauthorized claims payments for Civil Hospital for a user selected date range.

VENDOR PAYMENTS OUTPUT - used to generate a history of payments made to a selected vendor within a specified date range.

VETERAN PAYMENTS OUTPUT - used to generate a history of payments made within a specified date range for a selected Fee Basis patient.

DISPLAY UNAUTHORIZED CLAIM - used to display an unauthorized claim. You can select the claim by vendor, veteran, other party name, or the claim which you would like to view.

Overview

UTILITIES FOR UNAUTHORIZED CLAIMS

VENDOR ENTER/EDIT - used to enter/edit vendor demographics.

ADD NEW PERSON FOR UNAUTHORIZED CLAIM - allows entry to the NEW PERSON file (#200).

ASSOCIATE AN UNAUTHORIZED CLAIM TO A PRIMARY - used when you wish to associate unauthorized claims to a primary claim.

DISASSOCIATE AN UNAUTHORIZED CLAIM - allows you to disassociate an unauthorized claim which has been associated to others.

DELETE UNAUTHORIZED CLAIM - deletes unauthorized claims which have not been dispositioned.

RETURN ADDRESS DISPLAY/EDIT - displays the return address which will appear on an Unauthorized Claim letter, if letterhead is not used. You can also edit the return address using this option.

Enter/Edit Unauthorized Claim Menu
  Enter Unauthorized Claim

Introduction

This option is used to enter an unauthorized claim for payment of unauthorized inpatient charges. An unauthorized claim is one where an eligible veteran has received inpatient treatment from a civil hospital or private provider and VA was not notified within the proper time frame. Unauthorized claims may be entered for any Fee Basis program.

NOTE: If the Fee Basis program is Contract Nursing Home, the claim is automatically dispositioned as DISAPPROVED with a disapproval reason of NON-EMERGENT CARE.

A claim is considered complete when VA Form 10-583, Claim for Payment of Cost of Unauthorized Medical Services, and all required documentation has been received in order to determine legal and medical entitlement. A claim can never be considered complete if it is missing VA Form 10-583 or if the form is incomplete. Other required documentation includes the following:

- Copies of actual bills
- Original paid receipt
- Itemized invoice/UB82
- Medical records or signature for release
- Diagnostic/Procedure code(s)

If you have indicated that you will be tracking incomplete claims in your FEE BASIS SITE PARAMETERS file (#161.4), you may enter an incomplete claim. Incomplete claims are automatically given a status of INCOMPLETE UNAUTHORIZED. If you have not entered anything in the parameter, you may only enter complete unauthorized claims. (Refer to Appendix B for more information about statuses.)

If the "Initial Entry" Status for the U/C field in the FEE BASIS SITE PARAMETERS file (#161.4) is filled in, then minimum data is required for entering an unauthorized claim. This is designed for sites who have streamlined their workload, where only one user enters in the unauthorized claims received, and another reviews the claim for completeness and makes the necessary requests, etc.

You can associate the new claim with an existing claim. If you associate the new claim with a previously entered claim or group of claims, and at least one of those claims has been dispositioned, you are asked if you wish to disposition the new

Enter/Edit Unauthorized Claim Menu
Enter Unauthorized Claim

Introduction, cont.

claim to the same disposition. When claims are associated, they are displayed with the primary claim on lookup, and, in certain instances, you have the ability to update all the claims in the group at the same time.

Example

```
Select VETERAN:  KAGAN,PETER          01-16-55     098000000     SC VETERAN
Select FEE VENDOR:  SAMARITAN HOSPITAL      111222331
          123 MAIN ST
          TROY,  NEW YORK  12180
```

```
Select FEE BASIS PROGRAM NAME:   CIVIL HOSPITAL
ADMISSION DATE:  5/15  (MAY 15, 1993)
DISCHARGE DATE:  5/18  (MAY 18, 1993)
Is the unauthorized claim complete for the FEE BASIS PROGRAM?   y  YES
Checking for potential duplicates...



                          POTENTIAL DUPLICATES
No.       VETERAN                       VENDOR                    PROGRAM

81        KAGAN,PETER                   SAMARITAN HOSPITAL        CIVIL HOSP
     TREATMENT FROM: 05/15/93              TREATMENT TO: 05/18/93

Checking eligibility...


Primary Elig. Code: NSC  --  NOT VERIFIED
Other Elig. Code(s): NO ADDITIONAL ELIGIBILITIES IDENTIFIED
```

```
Are you sure you wish to enter a new unauthorized claim?   y  YES
CLAIM SUBMITTED BY:  p.kagan,peter  KAGAN,PETER    01-16-55     098000000
SC VETERAN
DATE CLAIM RECEIVED: JUL 2,1993//   <RET>
DIAGNOSIS:  <RET>
PRIMARY SERVICE FACILITY:  ALBANY, NY
AMOUNT CLAIMED:  2500.00
TREATING SPECIALTY:  00  SURGICAL
DISPOSITION:  1  APPROVED
AUTHORIZED FROM DATE: MAY 15,1993//   <RET>  (MAY 15, 1993)
AUTHORIZED TO DATE: MAY 18,1993//   <RET>  (MAY 18, 1993)
AMOUNT APPROVED:  2500.00
```

Enter/Edit Unauthorized Claim Menu
  Enter Unauthorized Claim

Example, cont.

```
Other claims exist for the same veteran and episode of care.



 1    KAGAN,PETER    SAMARITAN HO    CIVIL HOSPIT      07/02/93   DISPOSITIONED
        TREATMENT FROM: 05/15/93    TREATMENT TO: 05/18/93


Do you wish to associate this new claim with one from the above listing? YES//
<RET>
Select the claim to which you wish to associate:  (1-1):    1
DISCHARGE TYPE: DISCHARGE//  <RET>  DISCHARGE
Entering authorization...

   No: 302     Treatment From: 5/15/93   Treatment To: 5/18/93
  ACCIDENT RELATED (Y/N):  N  (NO)
  POTENTIAL COST RECOVERY CASE:  N  (NO)


Select VETERAN:
```

Enter/Edit Unauthorized Claim Menu
Modify Unauthorized Claim

⚷ FBAASUPERVISOR - required to change the disposition to a non-approved status.

Introduction

The Modify Unauthorized Claim option is used to edit only those unauthorized claims which were never dispositioned. To modify an unauthorized claim, you must first identify the submitter. The submitter may differ from the vendor or veteran involved with the claim. In such cases the submitter is considered an "other party".

Example

```
Select unauthorized claim:  P.SMITH,FRED X  SMITH,FRED X       05-12-51
330569812    SC VETERAN

   Select from the following:



 1   SMITH,FRED X   GOOD SAMARITAN   CIVIL HOSPIT   8/9/93   INCOMPLETE UNAUT
      TREATMENT FROM: 7/15/93   TREATMENT TO: 7/16/93

Enter selection:  (1-1):  1
DATE CLAIM RECEIVED: JUL 23,1993//  <RET>
FEE PROGRAM: OUTPATIENT//  <RET>
VENDOR: PRIVATE HOSPITAL//  <RET>
VETERAN: SMITH,FRED X//  <RET>
CLAIM SUBMITTED BY: SMITH,FRED X//  <RET>
TREATMENT FROM DATE: JUL 16,1993//  071893  (JUL 18, 1993)
TREATMENT TO DATE: JUL 16,1993//  072193  (JUL 21, 1993)
DIAGNOSIS: PTSD//  <RET>
PRIMARY SERVICE FACILITY: ALBANY//  <RET>
AMOUNT CLAIMED: 985.00//  <RET>
PATIENT TYPE CODE: MEDICAL//  <RET>
DISPOSITION:  1  APPROVED
AUTHORIZED FROM DATE: JUL 16,1993//  071893  (JUL 18, 1993)
AUTHORIZED TO DATE: JUL 16,1993//  072193  (JUL 21, 1993)
AMOUNT APPROVED:  850.00

"Editing authorization..."


  No: 172    Treatment From: 7/16/93   Treatment To: 7/16/93
  ACCIDENT RELATED (Y/N):  N  (NO)
  POTENTIAL COST RECOVERY CASE:  N  (NO)
```

Enter/Edit Unauthorized Claim Menu
Disposition Unauthorized Claim

⚷ FBAASUPERVISOR - required to change the disposition to a non-approved status.

Introduction

This option is used to disposition an unauthorized claim. Any claim may be selected. You may select the claim by entering the vendor, veteran, or other party.

Example

```
Select unauthorized claim:    ACKERMAN,WILLIAM JOSEPH        07-03-28    08022
2394     NSC VETERAN
        ...OK? YES//  <RET>  (YES)


  Select from the following:



 1   ACKERMAN,WIL   DOOLY MEDICA   CIVIL HOSPIT    1/4/95    COMPLETE/PENDING
      TREATMENT FROM: 1/1/95     TREATMENT TO: 1/4/95

Enter selection:  (1-1):  1
DISPOSITION:  1  APPROVED
AUTHORIZED FROM DATE: JAN 1,1995//   <RET>
AUTHORIZED TO DATE: JAN 4,1995//   <RET>
AMOUNT APPROVED:  2000
DISCHARGE TYPE: DISCHARGE//  <RET>  DISCHARGE
Entering authorization...

  No: 170     Treatment From: 1/1/95   Treatment To: 1/4/95
  ACCIDENT RELATED (Y/N):  N  (NO)
  POTENTIAL COST RECOVERY CASE:   N   (NO)
```

Enter/Edit Unauthorized Claim Menu
  Re-open Unauthorized Claim

⚿ FBAASUPERVISOR - required to change the disposition to a non-approved status.

Introduction

The Re-Open Unauthorized Claim option is used to reopen a claim which has been dispositioned. This is essentially the same as the Modify Unauthorized Claim option, except selection is limited to claims with a status of DISPOSITIONED, and the date the claim was reopened is entered by the system. (Refer to Appendix B for more information about statuses.)

You may select the claim by entering the vendor, veteran, or other party.

Example

```
Select unauthorized claim:  P.SMITH,FRED X  SMITH,FRED X       05-12-51
330569812     SC VETERAN

   Select from the following:


 1   SMITH,FRED X   MARCUS WELBY  OUTPATIENT      6/24/93     DISPOSITIONED
      TREATMENT FROM: 6/23/93     TREATMENT TO: 6/24/93

Enter selection:  (1-1):  1
DATE CLAIM RECEIVED: JUL 23,1993//  <RET>
FEE PROGRAM: OUTPATIENT//  <RET>
VENDOR: PRIVATE HOSPITAL//  <RET>
CLAIM SUBMITTED BY: SMITH,FRED X//  <RET>
TREATMENT FROM DATE: JUN 23,1993//  <RET>
TREATMENT TO DATE: JUN 25,1993//  JUN 24,1993
DIAGNOSIS: OSTEOCARCINOMA//  <RET>
PRIMARY SERVICE FACILITY: ALBANY//  <RET>
AMOUNT CLAIMED: 985.00//  <RET>
PATIENT TYPE CODE: MEDICAL//  <RET>
DISPOSITION: APPROVED//  <RET>
AUTHORIZED FROM DATE: JUN 23,1993//  <RET>
AUTHORIZED TO DATE: JUN 24,1993//  <RET>
AMOUNT APPROVED: 865.00//  573.00
Editing authorization...

  No: 152     Treatment From: 6/23/93   Treatment To: 6/24/93
  DISCHARGE TYPE: DISCHARGE//  <RET>
  ACCIDENT RELATED (Y/N): yes//  N  no
  POTENTIAL COST RECOVERY CASE: yes//   N  no
```

Enter/Edit Unauthorized Claim Menu
  Initiate Appeal for Unauthorized Claim

Introduction

The Initiate Appeal for Unauthorized Claim option is used to initiate an appeal of the VA's decision on a claim to the Board of Veterans Appeal (BVA). During this stage of the unauthorized claims appeal process, the claim must have a status of DISPOSITIONED to be selected with this option. (Refer to Appendix B for more information about statuses.)

Following are the prompts with a brief explanation.

"DATE NOTICE OF DISAGREEMENT RECV'D:" - Enter the date that the VA Form 21-4138 was received.

"DATE STATEMENT OF THE CASE ISSUED:" - Enter the date on which the Statement of the Case was issued.

*"DATE SUBSTANTIVE APPEAL RECV'D:" - Enter the date on which the Substantive Appeal was received.

*"DATE APPEAL DISPOSITIONED:" - Enter the date the appeal decision was rendered by the Board of Veterans Appeal (BVA).

*"DISPOSITION:" - An active disposition appears as the default. If the disposition is APPROVED or APPROVED TO STABILIZATION and payments have been made, it can only be changed by those holding the FBAASUPERVISOR security key.

*"Select REASON FOR DISAPPROVAL:" - Enter the reason why the claim was not approved. Entering <??> will generate a list from which you may choose.

*In most instances, data will be entered into these fields through the use of the Appeal Edit for Unauthorized Claim option after the BVA has issued its decision.

Enter/Edit Unauthorized Claim Menu
Initiate Appeal for Unauthorized Claim

Example

```
Select unauthorized claim:  P.AIELLO,FRANK  AIELLO,FRANK        04-23-13
134097714     NSC VETERAN


   Select from the following:


 1   AIELLO,FRANK    BROOKS PHARM    PHARMACY         9/30/93    DISPOSITIONED
       TREATMENT FROM: 9/28/93    TREATMENT TO: 9/28/93

 2   AIELLO,FRANK    MARCUS WELBY    OUTPATIENT       9/5/94     DISPOSITIONED
       TREATMENT FROM: 9/1/94     TREATMENT TO: 9/3/94

Enter selection: (1-2):  2
DATE NOTICE OF DISAGREEMENT RECV'D:  12/5  (DEC 05, 1994)
DATE STATEMENT OF THE CASE ISSUED:  12/9  (DEC 09, 1994)
DATE SUBSTANTIVE APPEAL RECV'D:  12/11  (DEC 11, 1994)
DATE APPEAL DISPOSITIONED:  T  (DEC 16, 1994)
DISPOSITION: APPROVED//  <RET>
AUTHORIZED FROM DATE: SEP 1,1994//  <RET>
AUTHORIZED TO DATE: SEP 3,1994//  <RET>
AMOUNT APPROVED:  200
Entering authorization...

  No: 109    Treatment From: 9/1/93  Treatment To: 9/3/93
  ACCIDENT RELATED (Y/N):  N  (NO)
  POTENTIAL COST RECOVERY CASE:  N  (NO)
```

Enter/Edit Unauthorized Claim Menu
  Appeal Edit for Unauthorized Claim

Introduction

The Appeal Edit for Unauthorized Claim option is used to edit a claim which has already been appealed to the Board of Veterans Appeal (BVA). During this stage of the Unauthorized Claims process, the claim may have one of the following active statuses:

APPEAL/NOTICE OF DISAGREE RECV
APPEAL/ISSUED STATMENT OF CASE
APPEAL COMPLETE/PENDING REVIEW
APPEAL DISPOSITIONED

You may select claims with any of the above statuses with this option. (Refer to Appendix B for more information about statuses.) You may select a claim by entering the vendor, veteran, or other party.

Following is a list of some prompts with a brief explanation.

"DATE NOTICE OF DISAGREEMENT RECV'D:" - Enter the date that the VA Form 21-4138 was received.

"DATE APPEAL DISPOSITIONED:" - Enter the date the appeal decision was rendered by the Board of Veterans Appeal (BVA).

"DISPOSITION:" - An active disposition appears as the default. If the disposition is APPROVED or APPROVED TO STABILIZATION and payments have been made, it can only be changed by those holding the FBAASUPERVISOR security key.

If the disposition of an unauthorized claim changes from APPROVED to DISAPPROVED, the applicable authorization is deleted.

Enter/Edit Unauthorized Claim Menu
Appeal Edit for Unauthorized Claim

Example

```
Select unauthorized claim:  P.AIELLO,FRANK AIELLO,FRANK        04-23-13
134097714     NSC VETERAN


   Select from the following:


 1   AIELLO,FRANK   BROOKS PHARM   PHARMACY        9/30/93    DISPOSITIONED
       TREATMENT FROM: 9/28/93     TREATMENT TO: 9/28/93

 2   AIELLO,FRANK   MARCUS WELBY   OUTPATIENT       5/5/94    DISPOSITIONED
       TREATMENT FROM: 5/1/94     TREATMENT TO: 5/3/94

Enter selection:  (1-2):  2
DATE NOTICE OF DISAGREEMENT RECV'D:  071094  (JUL 10, 1994)
DATE STATEMENT OF THE CASE ISSUED:  071494  (JUL 14, 1994)
DATE SUBSTANTIVE APPEAL RECV'D:  072194  (JUL 21, 1994)
DATE APPEAL DISPOSITIONED:  T  (JUL 26, 1994)
DISPOSITION: ABANDONED//  3  CANCELLED/WITHDRAWN
Select REASON FOR DISAPPROVAL:  ??

        Reason why claim was not approved.

CHOOSE FROM:
   1              NSC VETERAN
   2              NSC CONDITION
   3              NON-EMERGENT CARE
   4              VA FACILITIES AVAILABLE
   5              PREVIOUSLY AUTHORIZED
   6              NOT TIMELY FILED
   7              ADJUDICATION REQUESTED

Select REASON FOR DISAPPROVAL:  6  NOT TIMELY FILED
Select REASON FOR DISAPPROVAL:  <RET>
```

Enter/Edit Unauthorized Claim Menu
  COVA appeal enter/edit

Introduction

The COVA Appeal Enter/Edit option is used to enter or edit an appeal to the Court of Veterans Affairs (COVA). This is an appeal of the Board of Veterans Appeals (BVA) decision. Selection of claims is limited to those claims which have a status of APPEAL DISPOSITIONED, COVA APPEAL or COVA DISPOSITION.

You may select claims with any of the above statuses. (Refer to Appendix B for more information about statuses.) You may select a claim by entering the vendor, veteran, or other party.

Following is a list of some prompts with a brief description.

"DATE APPEALED TO COVA:" - Enter the date on which the Board of Veterans Appeal decision was appealed. A timely appeal must be initiated within 120 days of the BVA decision.

"DATE COVA APPEAL DISPOSITIONED:" - Enter the date on which a decision to a COVA appeal was rendered.

"DISPOSITION:" - An active disposition is selected. If the disposition has been APPROVED or APPROVED TO STABILIZATION, and payments have been made, the disposition cannot be changed except by those holding the FBAASUPERVISOR key

Enter/Edit Unauthorized Claim Menu
COVA Appeal Enter/Edit

Example

```
Select unauthorized claim:  P.AIELLO,FRANK       04-23-13     134097714     NSC
VETERAN


   Select from the following:


 1   AIELLO,FRANK   DOCTORS HOSP   CIVIL HOSPIT   2/2/93    COVA DISPOSITION
      TREATMENT FROM: 1/1/93     TREATMENT TO: 2/1/93   PRIMARY CLAIM: 2/2/93

 2   AIELLO,FRANK   MARCUS WELBY   OUTPATIENT     1/2/93    APPEAL DISPOSITI
      TREATMENT FROM: 1/1/93     TREATMENT TO: 1/1/93
Enter selection:  (1-2):  1

DATE APPEALED TO COVA:  T  (JUL 27, 1993)
DATE COVA APPEAL DISPOSITIONED:  6/12  (JUN 12, 1993)
DISPOSITION: CANCELLED/WITHDRAWN//   5  ABANDONED
Select REASON FOR DISAPPROVAL: ADJUDICATION REQUESTED
        //  4  VA FACILITIES AVAILABLE
Select REASON FOR DISAPPROVAL:   <RET>
```

Request Information on Unauthorized Claim

Introduction

This option is used to request information on an unauthorized claim. Selection of claims is limited to those claims which have one of the following statuses:

INITIAL ENTRY
INCOMPLETE UNAUTHORIZED CLAIM
PENDING - REASON UNKNOWN
COMPLETE/PENDING REVIEW
APPEAL/NOTICE OF DISAGREE RECV
APPEAL/ISSUED STATMENT OF CASE

A letter will print or be flagged for printing (depending upon your parameter set-up) if the request causes the status to change, or requests additional information. (Refer to Appendix B for more information about statuses.)

You may select the claim by entering the vendor, veteran, or other party. After you select an unauthorized claim, you are prompted to select from a list of items for which you may wish to request information. You can select an individual item, or a list or range of items, using commas and/or dashes as delimiters.

Request Information on Unauthorized Claim

Example

```
Select unauthorized claim:  P.AIELLO,FRANK AIELLO,FRANK        04-23-13
134097714     NSC VETERAN

   Select from the following:



 1    AIELLO,FRANK   DOCTOR'S HOSP    CIVIL HOSPIT   2/2/93   APPEAL/NOTICE OF
       TREATMENT FROM: 1/1/93     TREATMENT TO: 2/1/93
 2     DOCTOR'S HOSP  CIVIL HOSPIT   6/23/93   APPEAL/NOTICE OF    <7/2/93>

Enter selection:  (1-2):  1

Select from the following:

 1    MISSING FORM 10-583
 2    ITEM 1 NAME/SSN/ADDRESS on 583
 3    ITEM 2 NAME/SSN/ADDRESS on 583
 4    ITEM 3 CIRCUMSTANCES on 583
 5    ITEM 4 AMOUNT CLAIMED on 583
 6    ITEM 5A SIGNATURE OF PROVIDER
 7    ITEM 5B SIGNATURE OF PAYER
 8    COPIES OF ACTUAL BILLS
 9    ORIGINAL PAID RECEIPT
10    ITEMIZED BILL REQUIRED
11    MEDICAL RECORDS NEEDED
12    SIGNATURE FOR RELEASE
13    DIAGNOSTIC/PROCEDURE CODE(S)
14    OTHER

Enter selection:  (1-14):  12   SIGNATURE FOR RELEASE

12   SIGNATURE FOR RELEASE
You have selected the above.  OK? YES//   <RET>


Select unauthorized claim:
```

Receive Requested Information

Introduction

The Receive Requested Information option is used to receive information which was requested for a claim. Selection of claims is limited to those claims which have a status of INCOMPLETE UNAUTHORIZED CLAIM, APPEAL/NOTICE OF DISAGREE RECV or APPEAL/ISSUED STATMENT OF CASE. (Refer to Appendix B for more information about statuses.)

You may select the claim by entering the vendor, veteran, or other party. After you select an unauthorized claim, you will be prompted to select from a list of items for which information was requested. You may select an individual item, or a list or range of items, using commas and/or dashes as delimiters.

Example

```
Select unauthorized claim:   P.AIELLO,FRANK  AIELLO,FRANK      04-23-13
134097714     NSC VETERAN

   Select from the following:



 1    AIELLO,FRANK    ST MARY'S H   CIVIL HOSPIT     2/2/93     APPEAL/NOTICE OF
        TREATMENT FROM: 1/1/93      TREATMENT TO: 2/1/93
 2     DOCTOR'S HOSP  CIVIL HOSPIT   6/23/93   APPEAL/NOTICE OF   <7/2/93>

Enter selection:  (1-2):

   Select from the following:


 1    SIGNATURE FOR RELEASE

Enter selection:  (1-1):  1

 1    SIGNATURE FOR RELEASE
You have selected the above.  OK? YES//   <RET>
Receiving SIGNATURE FOR RELEASE
```

Letters for Unauthorized Claim
Update Date Letter Sent

Introduction

The Update Date Letter Sent option is used to enter the date that manually
generated letters for unauthorized claims were sent.

Once you have selected one or more claims, you are prompted for the date you wish
to enter as the date the letter was sent. Once a new date is entered, the DATE
LETTER SENT and EXPIRATION DATE OF CLAIM fields are updated in the FEE
BASIS UNAUTHORIZED CLAIMS file (#162.7).

Example

```
   Select from the following:


 1    ACKER,DON      ST MARY'S HO  CIVIL HOSPITAL    05/27/93    INCOMPLETE UNAUT
 2    ADAMS,JOHN     SAMARITAN HO  CIVIL HOSPITAL    05/27/93    DISPOSITIONED
 3    CULLIGAN,STE   ALBANY MEDIC  CIVIL HOSPITAL    05/27/93    DISPOSITIONED
 4    AGOSTINO,DOM   ST PETER'S H  OUTPATIENT        05/22/93    DISPOSITIONED


Enter selection:  (1-4):  2
DATE LETTER SENT:  T  (JUN 23, 1993)
```

Letters for Unauthorized Claim
  ### Batch Print Letters

Introduction

The Batch Print Letters option is used to manually batch print letters that have been flagged for printing (entered into a status which requires a letter), but for some reason never printed. (Refer to Appendix B for more information about statuses.)

The DATE LETTER SENT and EXPIRATION DATE OF CLAIM fields in the FEE BASIS UNAUTHORIZED CLAIMS file (#162.7) are automatically updated. Failure to provide the requested information within one year will result in an automatic disapproval.

Example

```
Enter NUMBER OF COPIES for each letter: 1//    <RET> 1
QUEUE TO PRINT ON
DEVICE: UNAUTHORIZED CLAIMS PRINTER//    <RET>
```

Letters for Unauthorized Claim
Batch Print Letters

Example, cont.

```
                            VA MEDICAL CENTER
                            128 HOLLAND AVE
                         ALBANY  NEW YORK  12208


June 29, 1993                          In Reply Refer To: 500/136
                                       KAGAN,P S
SAMARITAN HOSPITAL                     121-21-3221
123 BURDETTE AVE
TROY  NY  12180-1234




REGARDING:   VETERAN:          P S KAGAN
             FEE BASIS PROGRAM:      CIVIL HOSPITAL
             EPISODE OF CARE:   05/01/93 to 05/22/93

We have carefully reviewed your claim for payment of unauthorized medical
services.  The following decision has been made:

    Claim has been approved for authorization of care and payment.

    Authorized from:  05/01/93  Authorized to: 05/05/93
    Amount approved:  2500.00

If you do not agree with the decision you have the right to appeal,  Your
appeal rights should be attached for your review, if your claim was not
approved.

If you have any questions concerning this matter, please contact us at the
above address.  A copy of this letter is being furnished to the provider(s) of
care, if applicable.


Sincerely,




Chief, Medical Administration Service
```

Letters for Unauthorized Claim
  Reprint Letter(s)

Introduction

The Reprint Letter(s) option can be used to reprint letters that were printed but never mailed or, in some cases, never received by the party submitting the claim. You may reprint letters for a selected date range (date letter printed) or you may reprint a specific letter. Individual letters are selected by entering the name of the submitter. The submitter may be someone other than the vendor or veteran involved in the claim.

You may select the claim by entering the vendor, veteran, or other party.

Failure to provide the requested information within one year will also result in an automatic disapproval. Therefore, the expiration date may be updated when a letter is reprinted.

Example

```
Do you wish to reprint letters for a date range?    NO
Select unauthorized claim:  V.GOOD  GOOD TIME NURSING HOME   987561234   COMMUNI
TY NUR
          31 NOWHERE CIRCLE
          LOWELL, MA  01852-0123    TEL. #:  45441477

   Select from the following:


 1   GOOD TIME NU   CARDILLO,GEO   CIVIL HOSPIT    06/22/93   APPEAL/NOTICE OF
       TREATMENT FROM: 06/22/93   TREATMENT TO: 06/22/93

 2   GOOD TIME NU   GRAY,EBBO      CONTRACT NUR    06/22/93   COVA DISPOSITION
       TREATMENT FROM: 06/22/93   TREATMENT TO: 06/22/93

 3   GOOD TIME NU   MARTIN,DENNI   CONTRACT NUR    06/24/93   DISPOSITIONED
       TREATMENT FROM: 06/22/93   TREATMENT TO: 06/24/93

 4   GOOD TIME NU   GRAY,EBBO      CONTRACT NUR    06/30/93   DISPOSITIONED
       TREATMENT FROM: 05/06/93   TREATMENT TO: 05/16/93

 5   GOOD TIME NU   GRAY,EBBO       OUTPATIENT     07/01/93   APPEAL/NOTICE OF
       TREATMENT FROM: 04/04/93   TREATMENT TO: 04/04/93

Enter RETURN for more, or Select:  (1-5):   1
Should the expiration date be updated? No//   <RET>
Enter NUMBER OF COPIES for each letter: 1//   <RET>
DEVICE: UNAUTHORIZED CLAIMS PRINTER//   <RET>
```

Letters for Unauthorized Claim
Reprint Letter(s)

Example, cont.

```
June 29, 1993                              In Reply Refer To: 500/136
                                           KAGAN, S
PETER KAGAN                                121-21-3221
123 MAIN ST
TROY  NEW YORK  12180



REGARDING:   VENDOR:              BASIC GENERAL HOSPITAL
             FEE BASIS PROGRAM:   CIVIL HOSPITAL
             EPISODE OF CARE:     06/13/91 to 6/13/91

We have carefully reviewed your claim for payment of unauthorized medical
services.  The following decision has been made:

    Claim is considered abandoned, since no action has been taken by the
    submitter within the appropriate time frames.

    Reason(s) for not approving claim:

    We have asked for adjudicative rating action to determine
    whether the condition treated was due to or caused by your
    service-connected disability.  You will be notified by the
    VA Regional Office when they have reached a decision.  If
    service connection is granted for the condition treated,
    please resubmit a claim to us with a copy of this letter and
    a copy of the award letter received from the VA Regional
    Office.  Such rating determinations normally r  equire 60-90
    days.

If you do not agree with the decision you have the right to appeal,  Your
appeal rights should be attached for your review, if your claim was not
approved.

If you have any questions concerning this matter, please contact us at the
above address.  A copy of this letter is being furnished to the provider(s) of
care, if applicable.


Sincerely,




Chief, Medical Administration Service
```

Payments for Unauthorized Claims

Version 3.5 Changes: New Prompts
Vendor Invoice Date: - allows you to enter the vendor's invoice date.

The following new prompts might appear depending on the fee program.
Will any line items in this invoice be for contracted services? -Answering NO
indicates that all line items within the invoice will NOT be for contracted services.
Answering YES indicates that some, or all of the line items within the invoice will
be for contracted services. Answering YES will result in an additional prompt
appearing at the input of EACH line item.
Is this line item for a contracted service?- Only asked if the user answered YES to
the above prompt. It allows you to indicate when a line item is for a contracted
service.

Patch FB*3.5*4 Changes: New and Modified Prompts:
The following new and modified prompts may appear depending on the fee
program.
SERVICE PROVIDED: This existing prompt has been modified to prevent entry of
CPT codes that are inactive on the date of service.
CPT MODIFIER: This existing prompt has been modified to allow more than one
CPT MODIFIER to be entered for a specific service provided (CPT Code). The
computer will not allow CPT modifiers to be entered that are inactive on the date
of service or are inappropriate for the CPT code. The modifiers (if any) will be
combined with the CPT code to determine fee schedule amounts and to check for
duplicate payments.
SITE OF SERVICE ZIP CODE: This is a new required field. The Zip Code of the
location where the service was actually performed should be entered. The vendor's
address will be used to obtain a default value. The zip code will be used to obtain
the Geographic Practice Cost Index (GPCI) for the fee schedule calculation.
ANESTHESIA TIME (MINUTES): This is a new required field that will only be
asked when the CPT code is for an anesthesia service. The time billed for an
anesthesia service in minutes should be entered. A bill may specify anesthesia
units which will need to be converted to minutes. Since the RBRVS fee schedule is
not currently used for anesthesia services, this field will not impact the fee
schedule calculation.
Is this line item for a contracted service?– This existing prompt has been moved up
so it will be asked before the fee schedule calculation takes place. The fee schedule
does not apply to contracted services. A fee schedule amount will be calculated
and displayed for informational purposes, but the fee schedule amount will not
actually be used as the default amount paid for a contracted service.

PLACE OF SERVICE: The existing prompt for PLACE OF SERVICE has been
 moved up so it will be asked before the fee schedule calculation takes place. This
 field has been made a required field. The information will be used to determine if
 the facility or the non-facility practice expense RVU should be used during the
 RBRVS fee schedule calculation.

AMOUNT PAID: This existing prompt has been modified to display a default value
 from the RBRVS fee schedule when appropriate. The VA 75 th Percentile fee
 schedule will be used if the service is not covered by the RBRVS fee schedule. No
 fee schedule will be used for contracted services.

☐━ FBAA ESTABLISH VENDOR - required to edit established vendors.

Introduction

The Payments for Unauthorized Claims option should be used to enter payments
for unauthorized claims which have been dispositioned to APPROVED or
APPROVED TO STABILIZATION .

Payment may be made to either a patient or a vendor; however, only the vendor
pertaining to the submitted claim may be paid. You cannot add a new vendor
through this option. An open batch for the applicable Fee Basis program must exist
for the unauthorized claim selected. Further processing of the payment should
follow the payment menu options for the applicable Fee Basis program. You should
also use the payment options in the applicable Fee Basis program to process rejects,
make any edits, etc., after the payment has been entered.

You may select a range of numbers to process payments for multiple claims, using
commas or dashes as delimiters (e.g., 1,3,4 or 1-4). If multiple claims are chosen,
the claims will be presented for payment in the same sequence in which they were
selected.

Once a claim is selected, the prompts and displays vary depending on the Fee Basis
program. The following chart is provided indicating which option documentation to
refer to for further examples of payment entry.

Payments for Unauthorized Claims

Introduction, cont.

Fee Program	Refer To
Civil Hospital	Ancillary Contract Hosp/CNH Payment (for ancillary payments) or Enter Invoice/Payment
Outpatient	Enter Payment option
Pharmacy	Enter Pharmacy Invoice

NOTE: Payments for Contract Nursing Home are not allowed for unauthorized claims. Such claims are automatically dispositioned as DISAPPROVED with a disapproval reason of NON-EMERGENT CARE.

Example

```
     Select one of the following:
          1         PATIENT
          2         VENDOR

Select to whom payment should be made:    2  VENDOR
Select VETERAN:  DAY,DENNIS              07-21-50    409129012    NSC VETERAN
Select FEE VENDOR:  CVS                   345658976  CHAIN #: 101  PHARMACY
          123 MAIN AVE                 (Awaiting Austin Approval)
          TROY, NY  12180   TEL. #:  518-272-0987

   Select from the following:


 1    DAY,DENNIS  CVS               PHARMACY         12/12/94   DISPOSITIONED
         TREATMENT FROM: 11/2/94   TREATMENT TO: 11/2/94
 2     CVS            PHARMACY       12/12/94   DISPOSITIONED       <12/12/94>

 3   DAY,DENNIS    CVS               CIVIL HOSPIT    12/12/94   DISPOSITIONED
       TREATMENT FROM: 11/2/94    TREATMENT TO: 11/2/94

 4   DAY,DENNIS    CVS               CIVIL HOSPIT    12/12/94   DISPOSITIONED
       TREATMENT FROM: 11/2/94    TREATMENT TO: 11/2/94


Enter selection:  (1-4):  1
Press RETURN to continue or '^' to exit:    <RET>
```

Payments for Unauthorized Claims

Example, cont.

```
                     < UNAUTHORIZED CLAIM >


DATE CLAIM RECEIVED: DEC 12, 1994      FEE PROGRAM: PHARMACY
 VENDOR: CVS                           VETERAN: DAY,DENNIS
 TREATMENT FROM DATE: NOV  2, 1994     TREATMENT TO DATE: NOV  2, 1994
 PRIMARY SERVICE FACILITY: ALBANY, NY  DATE VALID CLAIM RECEIVED: DEC 12, 1994
 AMOUNT CLAIMED: 65.00                 PATIENT TYPE CODE: MEDICAL
 DISPOSITION: APPROVED                 DATE OF DISPOSITION: DEC 12, 1994
 AUTHORIZED FROM DATE: NOV  2, 1994    AUTHORIZED TO DATE: NOV  2, 1994
 AMOUNT APPROVED: 65.00                PRINT LETTER?: YES
 ENTERED/LAST EDITED BY: GRAY,MARY ELLEN
 DATE ENTERED/LAST EDITED: DEC 12, 1994
 MASTER CLAIM: DEC 12, 1994
 DATE OF ORIGINAL DISPOSITION: DEC 12, 1994
 CLAIM SUBMITTED BY: DAY,DENNIS      STATUS: DISPOSITIONED
 DATE OF CURRENT STATUS: DEC 12, 1994  AUTHORIZATION: 8
 DIAGNOSIS: dislocated wrist


Press RETURN to continue or '^' to exit:   <RET>


Are you sure you want to enter a new invoice? Yes//   <RET>

Invoice # assigned is: 601


Patient Name: DAY,DENNIS                        Pt.ID: 409-12-9012

                  ***  VENDOR DEMOGRAPHICS  ***
                  ==> AWAITING AUSTIN APPROVAL <==

       Name:  CVS                           ID Number: 345658976
    Address:  123 MAIN AVE                   Specialty:
       City:  TROY                                Type: PHARMACY
      State:  NEW YORK             Participation Code: PHARMACY
        ZIP:  12180                Medicare ID Number: 181818
     County:  RENSSELAER                        Chain: 101
      Phone:  518-272-0987
        Fax:  518-272-0900
 Austin Name:
 Last Change                            Last Change
   TO Austin:  11/21/94                  FROM Austin:

Want to edit Vendor data? No//   <RET>
```

Payments for Unauthorized Claims

Example, cont.

```
Date Correct Invoice Received:  12/1  (DEC 01, 1994)


Vendor Invoice Date:  11/26  (NOV 26, 1994)

Want to review fee pharmacy payment history? No//   <RET>


DATE PRESCRIPTION FILLED:  11/2  (NOV 02, 1994)
Select PRESCRIPTION NUMBER:  12345
  AMOUNT CLAIMED:  80
  DRUG NAME:  VALIUM
  MANUFACTURER:  Roche
  STRENGTH:  5MG
  QUANTITY:  50

Prescription referred to Pharmacy Service for determination.


     Select one of the following:

          1         PATIENT
          2         VENDOR

Select to whom payment should be made:
```

Outputs for Unauthorized Claims
All Claims by Vendor/Veteran/Other

Introduction

The All Claims by Vendor/Veteran/Other option is used to display/print all unauthorized claims for a single vendor, veteran, or other party. The output is sorted by episode of care, grouping claims which are associated with one another. One claim may be associated with another if the veteran and episode of care are the same. Since the primary claim may not be the first to display, the secondaries are flagged with an asterisk (*). If you select a vendor, the output will display by veteran; otherwise, it will display by vendor.

Example

```
Select unauthorized claim:  v.alb  ALBANY MED     444444444  NON-VA HOSPITAL
          NEW SCOTLAND AVENUE
          ALBANY, NY  12190



DEVICE: HOME//  <RET>  VIRTUAL TERMINAL    RIGHT MARGIN: 80//  <RET>



VENDOR: ALBANY MED
                                                              Page: 1
Veteran                          Fee Program      Status              Code
===========================================================================


BRADSHAW,TERRY                   CIVIL HOSPITAL   COMPLETE/PENDING REV
   Treatment From: 11/8/90  Treatment To: 11/20/90


AGNEW,N J                        CIVIL HOSPITAL   DISPOSITIONED       AP
   Treatment From: 5/1/93   Treatment To: 5/4/93
 *AGNEW,N J                      CIVIL HOSPITAL   DISPOSITIONED       AP
   Treatment From: 5/1/93   Treatment To: 5/4/93


BECKER,CHARLES                   PHARMACY         DISPOSITIONED       AP
   Treatment From: 5/6/93   Treatment To: 5/6/93
```

Outputs for Unauthorized Claims
Check Display

NEW OPTION

Introduction

The Check Display option displays all payments included on a check that was issued after the payment conversion from CALM (Centralized Accounting for Local Management) to FMS (Financial Management System). The information displayed may differ dependent upon the Fee Basis program you are using.

Example

```
Select Check Number:  69243230

DEVICE: HOME//  <RET>  VIRTUAL TERMINAL    RIGHT MARGIN: 80//   <RET>


                   PAYMENT HISTORY FOR CHECK # 69243230
                 -----------------------------------          Page: 1

                   FEE PROGRAM:  OUTPATIENT
 ('*' Reimbursement to Patient  '#' Voided Payment  '+' Cancellation Activity)
   Svc Date  CPT-    Amount        Amount      Susp  Batch       Invoice
            MOD    Claimed         Paid        Code  Number      Number
===========================================================================

VENDOR:  RODNEY ROGERS, M.D.              VENDOR ID:  324100000A

Patient: ARBY,ROBERT                       Patient ID:  123-12-1234
   4/1/94    10020       5.00         5.00          363         541
       >>>Check # 69243230  Date Paid:  8/29/94<<<


Press RETURN to continue or '^' to exit:
```

Outputs for Unauthorized Claims
Display Unauthorized Claim

Introduction

This option is used to view unauthorized claims. Selection is made by entering the name of the submitter. The submitter may be the vendor, veteran, or other party involved in the claim.

Example

```
Select unauthorized claim:  P.WILSON,MORGAN   06-02-34   554678221   SC VETERAN

 1  WILSON,MORGAN   MEMORIAL HOSPITAL  CIVIL HOSPIT  09/01/92  APPROVED TO STABILIZA
      TREATMENT FROM: 09/01/92   TREATMENT TO: 09/03/92

 2   WILSON,MORGAN   MEMORIAL HOSPITAL  CIVIL HOSPIT   06/04/93  DISPOSITIONED
      TREATMENT FROM: 06/04/93   TREATMENT TO: 06/24/93

Select the claim which you would like to display:  (1-2):    1


DATE CLAIM RECEIVED: SEP  1, 1992       FEE PROGRAM: CIVIL HOSPITAL
VETERAN: WILSON,MORGAN                  VENDOR: MEMORIAL HOSPITAL
  TREATMENT FROM DATE: SEP  1, 1992     TREATMENT TO DATE: SEP  3, 1992
  PRIMARY SERVICE FACILITY: ALBANY VAMC
  DATE VALID CLAIM RECEIVED: SEP  1, 1992
  AMOUNT CLAIMED: 15000                 PATIENT TYPE CODE: MEDICAL
  DISPOSITION: APPROVED TO STABILIZATION
  DATE OF DISPOSITION: SEP  3, 1992     AUTHORIZED FROM DATE: SEP  1, 1992
  AUTHORIZED TO DATE: SEP  3, 1992      ENTERED BY: MARTIN,MICHAEL
  DATE ENTERED: SEP  1, 1992            DATE LETTER SENT: SEP 23, 1992
  MASTER CLAIM: SEP  1, 1992            REOPEN CLAIM DATE: SEP  2, 1992
  DATE OF ORIGINAL DISPOSITION: SEP  3, 1992
  CLAIM SUBMITTED BY: MEMORIAL HOSPI    STATUS: DISPOSITIONED
  DATE OF CURRENT STATUS: SEP  3, 1992 EXPIRATION DATE OF CLAIM: SEP 24, 1993
  DIAGNOSIS: CHEST PAIN
DISCHARGE TYPE (c): DISCHARGE
```

```
                        < PENDING INFORMATION >

 1   MEDICAL RECORDS NEEDED

Press RETURN to continue or '^' to exit:    <RET>
```

Outputs for Unauthorized Claims
  ### Disposition/Status Statistics Display/Print

Introduction

The Disposition/Status Statistics Display/Print option provides a statistical report on unauthorized claims within a selected date range. It provides totals of dispositioned unauthorized claims by disposition type (APPROVED, DISAPPROVED, etc.), as well as disposition status. (Refer to Appendix B for more information about statuses.) The report also supplies the total of unauthorized claims which have not been dispositioned, with a subtotal breakdown by claim status. Total approved dollars by primary service area are also provided.

Example

```
            UNAUTHORIZED CLAIM DISPOSITION AND STATUS STATISTICS
            ------------------------------------------------------


**** Date Range Selection ****

   Beginning DATE :  t-10  (JUN 13, 1993)

   Ending    DATE :  t  (JUN 23, 1993)

DEVICE: HOME//  <RET>  Decnet                    RIGHT MARGIN: 80//    <RET>
```

```
            UNAUTHORIZED CLAIM DISPOSITION AND STATUS STATISTICS
            ------------------------------------------------------
                  Date Range Selected: 06/13/93 to 06/23/93
                  ------------------------------------------


                                          CATEGORY OF DISPOSITION
   TYPE OF                     # OF
   DISPOSITION                 CLAIMS     INITIAL    APPEAL    COVA APPEAL
-----------------------------------------------------------------------------

   APPROVED                      1           1          0          0
   DISAPPROVED                   1           1          0          0
   CANCELLED/WITHDRAWN           0           0          0          0
   APPROVED TO STABILIZATION     0           0          0          0
   ABANDONED                     0           0          0          0
                               -----       -----      -----      -----
        TOTAL DISPOSITIONED      2           2          0          0
   TOTAL NOT DISPOSITIONED       2
                               -----
            TOTAL CLAIMS         4

Press RETURN to continue or '^' to exit:   <RET>
```

Outputs for Unauthorized Claims
  Disposition/Status Statistics Display/Print

Example, cont.

```
              UNAUTHORIZED CLAIM DISPOSITION AND STATUS STATISTICS
              -------------------------------------------------------
                    Date Range Selected: 06/13/93 to 06/23/93
                    ------------------------------------------


     STATUS OF CLAIMS NOT DISPOSITIONED

     STATUS                                # OF CLAIMS

     INCOMPLETE UNAUTHORIZED CLAIM              1
     PENDING - REASON UNKNOWN                   0
     COMPLETE/PENDING REVIEW                    1
     APPEAL/NOTICE OF DISAGREE RECV             0
     APPEAL/ISSUED STATMENT OF CASE             0
     APPEAL COMPLETE/PENDING REVIEW             0
     COVA APPEAL                                0

Press RETURN to continue or '^' to exit:   <RET>



              UNAUTHORIZED CLAIM DISPOSITION AND STATUS STATISTICS
              -------------------------------------------------------
                    Date Range Selected: 06/13/93 to 06/23/93
                    ------------------------------------------



     TOTAL DOLLARS APPROVED BY PSA:

     TROY, NEW YORK                  $0.00
     ALBANY                          $0.00
                                     -----
                                     $0.00
```

Outputs for Unauthorized Claims
Expiration Display/Print

Introduction

The Expiration Display/Print option will display/print those unauthorized claims which will expire within the selected time frame.

There are two types of expirations involved with unauthorized claims. The first is based on the status of the claim. Certain statuses have expiration dates which, once passed, prohibit the submitter from any further action on the claim. (Refer to Appendix B for more information about statuses.) The other refers to information VA has requested from the submitter. The submitter has x # of days to respond or the claim is considered abandoned. The number of days is calculated from the date the letter was mailed.

Example

```
    Select the date range within which an unauthorized claim will expire.

**** Date Range Selection ****

   Beginning DATE :  010193  (JAN 01, 1993)

   Ending    DATE :  010196  (JAN 01, 1996)


DEVICE: HOME//  UNAUTHORIZED CLAIMS PRINTER    RIGHT MARGIN: 80//  <RET>
```

```
Unauthorized Claims Due to Expire between 01/01/93 and 01/01/96


                                     Treatment   Treatment
Veteran                 Vendor          FROM          TO       Status
===============================================================================
ACKERLEY,DENNIS         LES TEST      04/26/93    04/28/93     INCOMPLE
GRAY,EBBO               SUNNY ACRES   05/31/93    06/05/93     INCOMPLE
GRAY,EBBO               SUNNY ACRES   01/01/93    01/03/93     INCOMPLE
GRAY,EBBO               SUNNY ACRES   02/01/93    02/01/93     INCOMPLE
GRAY,EBBO               PHARMACY      01/01/93    01/03/93     INCOMPLE
```

Outputs for Unauthorized Claims
Status Display/Print of Unauthorized Claims

Introduction

This option displays/prints unauthorized claims by primary service facility and status. You may include one, many, or all statuses, and sort by either vendor or veteran for the primary sort. The output also subtotals the number of claims within a status,and displays the expiration date, if one exists. If the unauthorized claim is due to expire within thirty days of the date the output was generated, an asterisk ('*') will follow the expiration date.

NOTE: The disposition code will only display if the unauthorized claim has a status of either DISPOSITIONED, APPEAL DISPOSITIONED or COVA DISPOSITION. (Refer to Appendix B for more information about statuses.)

Example

```
     Select one of the following:

          1          PATIENT
          2          VENDOR

Sort by: 1  PATIENT


   Select from the following:

 1    INITIAL ENTRY
 2    INCOMPLETE UNAUTHORIZED CLAIM
 3    PENDING - REASON UNKNOWN
 4    COMPLETE/PENDING REVIEW
 5    DISPOSITIONED
 6    APPEAL/NOTICE OF DISAGREE RECV
 7    APPEAL/ISSUED STATMENT OF CASE
 8    APPEAL COMPLETE/PENDING REVIEW
 9    APPEAL DISPOSITIONED
10    COVA APPEAL
11    COVA DISPOSITION

Enter selection:  (1-11):  2
START WITH DATE CLAIM RECEIVED: FIRST//   060194
GO TO DATE CLAIM RECEIVED: LAST//   063094
DEVICE: UNAUTHORIZED CLAIMS PRINTER   RIGHT MARGIN: 80//  <RET>
```

Outputs for Unauthorized Claims
Status Display/Print of Unauthorized Claims

Example, cont.

```
STATUS LISTING OF UNAUTHORIZED CLAIMS           JUN 24,1994  11:41    PAGE 1
VETERAN                  VENDOR            STATUS           EXPIRES
------------------------------------------------------------------------------

        PRIMARY SERVICE FACILITY: ALBANY


KAGAN,PETER              SAMARITAN HOSP       INCOMPLETE UNAU  JUN 24,1994
                                              --------------
SUBCOUNT                                      1
                                              --------------
SUBCOUNT                                      1




STATUS LISTING OF UNAUTHORIZED CLAIMS           JUN 24,1994  11:41    PAGE 2
VETERAN                  VENDOR            STATUS           EXPIRES
------------------------------------------------------------------------------

        PRIMARY SERVICE FACILITY: BAY PINES, FL


ACKER,DAVID             ST ELIGIUS            INCOMPLETE UNAU  JUN 24,1994
AGNEW,HERMAN            BAY PINES MEDICAL     INCOMPLETE UNAU  JUN 24,1994
                                              --------------
SUBCOUNT                                      2
                                              --------------
SUBCOUNT                                      2
                                              --------------
COUNT                                         3
```

Outputs for Unauthorized Claims
Unauthorized Claims Cost Report for Civil Hospital

Introduction

The Unauthorized Claims Cost Report for Civil Hospital option produces an output report to display the unauthorized claims payments for Civil Hospital for a user selected date range. The report does not list any payment which does not have a date finalized. The output includes both payments and ancillary payments sorted by treating specialty.

Example

```
**** Date Range Selection ****

   Beginning DATE :  010194  (JAN 01, 1994)

   Ending    DATE :  T  (AUG 09, 1994)


     Select one of the following:

          D        DETAILED REPORT
          S        SUMMARY ONLY

Choose Report Type: S//  DETAILED REPORT

QUEUE TO PRINT ON
DEVICE: HOME//    CIVIL HOSPITAL PRINTER    RIGHT MARGIN: 80//  <RET>

Requested Start Time: NOW//  <RET> (AUG 19, 1994@16:08:33)
REQUEST QUEUED
```

```
                     UNAUTHORIZED CLAIMS
                 COST REPORT FOR CIVIL HOSPITAL
                  01/01/94 THROUGH 08/09/94
                  ------------------------------


PATIENT NAME          PATIENT ID     DT CLAIM REC   AMT PAID   FINAL DRG   LOS
=============================================================================

     TREATING SPECIALTY:  MEDICAL
SHAKIM,RAJID          606-77-8899    05/17/94          2.00        45      3
                 ** Indicates an Ancillary Payment
```

Outputs for Unauthorized Claims
Unauthorized Claims Cost Report for Civil Hospital

Example, cont.

```
                          UNAUTHORIZED CLAIMS
                     COST REPORT FOR CIVIL HOSPITAL
                        01/01/94 THROUGH 08/09/94
                     ------------------------------


                              SUMMARY

                 LOS              # CASES           AVE. AMT. PAID
===============================================================================

     TREATING SPECIALTY:  MEDICAL
                  3                   1                   2.00


===============================================================================

    TOTAL CASES:  1    AVERAGE AMOUNT PAID:  2.00    AVERAGE LOS:  3.00
```

Outputs for Unauthorized Claims
Vendor Payments Output

Version 3.5 Changes:
Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information. Line items that had previously been cancelled are now annotated with a plus sign (+).

Patch FB*3.5*4 Changes: A new symbol will be displayed after the Amount Paid for outpatient and ancillary payments to indicate how the amount was determined. The symbol is determined as follows:
'R' - Amount paid equals the RBRVS fee schedule amount.
'F' - Amount paid equals the VA 75th Percentile fee schedule amount.
'C' - Payment is assumed to be for a contracted service because the prompt pay type is 'money managed'.
'U' - Payment is assumed to be at the Usual & Customary amount because none of the other symbols apply.

Introduction

The Vendor Payments Output option is used to generate a history of payments made to a selected vendor within a specified date range. You may print the history for one, several, or all Fee Basis programs.

Example

```
Select Fee Basis Vendor:   SAMARITAN HOSPITAL        987561234   SAMARITAN
HOSPITAL
          31 BURDETT AVENUE
          TROY,  NEW YORK  12180-0123
          TEL. #:  518-272-2000

**** Date Range Selection ****

   Beginning DATE :  6/24  (JUN 24, 1993)

   Ending    DATE :  6/24  (JUN 24, 1993)

Select FEE BASIS Program: ALL//   OUTPATIENT
Select another FEE BASIS Program:   <RET>
DEVICE: HOME//  UNAUTHORIZED CLAIMS PRINTER     RIGHT MARGIN: 80//   <RET>
DO YOU WANT YOUR OUTPUT QUEUED? NO//    <RET>  (NO)
```

Outputs for Unauthorized Claims
Vendor Payments Output

Example, cont.

```
                        VENDOR PAYMENT HISTORY
                        ======================                    Page: 1
Vendor: DOCTOR                               Vendor ID: 000000001
                        FEE PROGRAM: OUTPATIENT
  ('*' Reimb. to Patient  '+' Cancel. Activity  '#' Voided Payment)
  (paid symbol: 'R' RBRVS  'F' 75 th percentile  'C' contract  'U' U&C)
  Svc Date CPT-MOD    Amount        Amount  Susp         Batch Invoice Voucher
                      Claimed        Paid   Code          Num   Num    Date
==============================================================================

Patient: BACON,JOSEPH                    Patient ID: 106-10-4877
  07/09/93  90050(C&P)  25.00     25.00F                 00037    43
     Primary  Dx: NEUROTIC DEPRESSION    S/C Condition? -        Obl.#: C89211
  07/07/93  90050(C&P)  25.00     25.00F                 00037    43
     Primary  Dx: NEUROTIC DEPRESSION    S/C Condition? -        Obl.#: C89211
```

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Outputs for Unauthorized Claims
Veteran Payments Output

Version 3.5 Changes:
Displays which include line item information have been modified to include check information, date paid, and/or check cancellation information. Line items that had previously been cancelled are now annotated with a plus sign (+).

Patch FB*3.5*4 Changes: A new symbol will be displayed after the Amount Paid for outpatient and ancillary payments to indicate how the amount was determined. The symbol is determined as follows:
'R' - Amount paid equals the RBRVS fee schedule amount.
'F' - Amount paid equals the VA 75th Percentile fee schedule amount.
'C' - Payment is assumed to be for a contracted service because the prompt pay type is 'money managed'.
'U' - Payment is assumed to be at the Usual & Customary amount because none of the other symbols apply.

Introduction

The Veteran Payments Output option is used to generate a history of payments made within a specified date range for a selected Fee Basis patient. You may choose to print the history for one, several, or all Fee Basis programs.

Example

```
Select Outputs for Unauthorized Claims Option:    VETERAN Payments Output

Select Fee Basis Patient:  SMITH,FRED       12-25-45     330569812    SC
VETERAN

**** Date Range Selection ****

   Beginning DATE :  062493  (JUN 24, 1993)

   Ending    DATE :  062493  (JUN 24, 1993)

Select FEE BASIS Program: ALL//   OUTPATIENT
Select another FEE BASIS Program:   <RET>
DEVICE: HOME//  UNAUTHORIZED CLAIMS PRINTER   RIGHT MARGIN: 80//   <RET>
DO YOU WANT YOUR OUTPUT QUEUED? NO//    <RET>  (NO)
```

Outputs for Unauthorized Claims
Veterans Payment Output

Example, cont.

```
                          VETERAN PAYMENT HISTORY
                          =======================                Page: 1
Patient: BACON,JOSEPH                      Patient ID: 106-10-4877
                          FEE PROGRAM: OUTPATIENT
  ('*' Reimb. to Patient  '+' Cancel. Activity  '#' Voided Payment)
  (paid symbol: 'R' RBRVS  'F' 75 th percentile  'C' contract  'U' U&C)
  Svc Date CPT-MOD    Amount        Amount  Susp        Batch Invoice Voucher
                      Claimed        Paid   Code         Num   Num    Date
=============================================================================

Vendor: DOCTOR                             Vendor ID: 000000001
  07/09/93  90050(C&P)  25.00     25.00F                 00037    43
     Primary  Dx: NEUROTIC DEPRESSION    S/C Condition? -      Obl.#: C89211
  07/07/93  90050(C&P)  25.00     25.00F                 00037    43
     Primary  Dx: NEUROTIC DEPRESSION    S/C Condition? -      Obl.#: C89211
  07/05/93  90050(C&P)  25.00     25.00F                 00037    43
     Primary  Dx: NEUROTIC DEPRESSION    S/C Condition? -      Obl.#: C89211
```

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Display Unauthorized Claim

Introduction

This option is used to view unauthorized claims. Selection is made by entering the name of the submitter. The submitter may be the vendor, veteran, or other party involved in the claim.

Example

```
Select unauthorized claim:  P.WILSON,MORGAN  06-02-34   554678221   SC VETERAN

 1  WILSON,MORGAN  MEMORIAL HOSPITAL  CIVIL HOSPIT  09/01/92   APPROVED TO STABILIZA
      TREATMENT FROM: 09/01/92   TREATMENT TO: 09/03/92

 2  WILSON,MORGAN  MEMORIAL HOSPITAL  CIVIL HOSPIT  06/04/93   DISPOSITIONED
      TREATMENT FROM: 06/04/93   TREATMENT TO: 06/24/93

Select the claim which you would like to display:  (1-2):    1


DATE CLAIM RECEIVED: SEP  1, 1992      FEE PROGRAM: CIVIL HOSPITAL
VETERAN: WILSON,MORGAN                 VENDOR: MEMORIAL HOSPITAL
  TREATMENT FROM DATE: SEP  1, 1992    TREATMENT TO DATE: SEP  3, 1992
  PRIMARY SERVICE FACILITY: ALBANY VAMC
  DATE VALID CLAIM RECEIVED: SEP  1, 1992
  AMOUNT CLAIMED: 15000                PATIENT TYPE CODE: MEDICAL
  DISPOSITION: APPROVED TO STABILIZATION
  DATE OF DISPOSITION: SEP  3, 1992    AUTHORIZED FROM DATE: SEP  1, 1992
  AUTHORIZED TO DATE: SEP  3, 1992     ENTERED BY: MARTIN,MICHAEL
  DATE ENTERED: SEP  1, 1992           DATE LETTER SENT: SEP 23, 1992
  MASTER CLAIM: SEP  1, 1992           REOPEN CLAIM DATE: SEP  2, 1992
  DATE OF ORIGINAL DISPOSITION: SEP  3, 1992
  CLAIM SUBMITTED BY: MEMORIAL HOSPI    STATUS: DISPOSITIONED
  DATE OF CURRENT STATUS: SEP  3, 1992 EXPIRATION DATE OF CLAIM: SEP 24, 1993
  DIAGNOSIS: CHEST PAIN
DISCHARGE TYPE (c): DISCHARGE
```

```
                        < PENDING INFORMATION >

 1   MEDICAL RECORDS NEEDED

Press RETURN to continue or '^' to exit:   <RET>


                        < ASSOCIATED CLAIMS >


1   WILSON,MORGAN   DEMETRI,JEREMY MD   OUTPATIENT   09/01/92  DISPOSITIONED
     TREATMENT FROM: 09/01/92   TREATMENT TO: 09/03/92  PRIMARY CLAIM: 09/01/92
```

Utilities for Unauthorized Claims
  Vendor Enter/Edit

 Version 3.5 Changes:
FAX NUMBER:
MEDICARE ID NUMBER:

 Patch FB*3.5*9 Changes: New Prompts:
*BUSINESS TYPE (FPDS):*Business type for FPDS reporting purposes.
*Select SOCIOECONOMIC GROUP (FPDS):*Socioeconomic group for FPDS reporting purposes. More than one value can be entered at this prompt.

 FBAA ESTABLISH VENDOR - required to enter a new or edit an existing vendor.

Introduction

The Vendor Enter/Edit option is used to enter new vendors or edit existing vendors, and to display vendor demographics. It is used to enter Community Nursing Home vendors and all ancillary vendors who provide services under VA contract to veterans in nursing homes. A vendor <u>cannot</u> be deleted from the DHCP FEE BASIS VENDOR file (#161.2).

Vendors must be entered into the system before they can receive any Fee Basis payments. The Fee Basis Vendor ID Number is usually the individual's Social Security Number (SSN) or the vendor's Tax ID number. A group of physicians may be entered in the system under one ID number if they are incorporated (e.g., Dermatology Assocs., P.C., or Capital District Urologists, P.C.).

When you request a list of vendors by entering <?> at the "Select FEE BASIS VENDOR NAME:" prompt, or if multiple vendors exist with the vendor name you selected, the list displayed will indicate if the vendor is in DELETE status (flagged for Austin deletion) or Awaiting Austin Approval.

WARNING: If you are attempting to edit vendor information for a vendor flagged "Awaiting Austin Approval" anywhere in the package which allows entering a vendor or editing vendor data (e.g., prompts that ask, "ARE YOU ADDING {vendor name} AS A NEW FEE BASIS VENDOR (THE {n}TH)?", or "Want to Edit data? NO//", etc.), the following message will appear on your screen:

Current Vendor information is pending Austin processing. Changing Vendor
information at this time may jeopardize the processing of the existing Master
Record Adjustment!

Do you wish to continue editing this Vendor? No//

**Any changes which you make to a vendor will affect all other sites which
have this vendor in their FEE BASIS VENDOR file (#161.2).**

Example

```
Select FEE BASIS VENDOR NAME:   SHADES OF GRAY NURSING HOME
  Are you adding 'SHADES OF GRAY NURSING HOME' as
   a new FEE BASIS VENDOR (the 1321ST)? No//   Y  (Yes)
   FEE BASIS VENDOR ID NUMBER:   977788666
   FEE BASIS VENDOR TYPE OF VENDOR:   8  OTHER
   FEE BASIS VENDOR PART CODE:   5  COMMUNITY NURSING HOME        05
   FEE BASIS VENDOR CHAIN:   <RET>
NAME: SHADES OF GRAY NURSING HOME  Replace   <RET>
ID NUMBER: 977-78-8666//   <RET>
Is the ID NUMBER a Tax # or SSN?
TAX ID/SSN (Enter 'T' or 'S'):   T  TAX ID NUMBER
TYPE OF VENDOR: OTHER//   <RET>
BUSINESS TYPE (FPDS):  L  LARGE BUSINESS
Select SOCIOECONOMIC GROUP (FPDS):   LW            WOMAN-OWNED LARGE BUSINESS
  Are you adding 'LW' as a new SOCIOECONOMIC GROUP (FPDS) (the 1ST for this
FEE
BASIS VENDOR)? No//  Y
  (Yes)
Select SOCIOECONOMIC GROUP (FPDS):   <RET>
PART CODE: COMMUNITY NURSING HOME//   <RET>
STREET ADDRESS:  222 BLOOMING GROVE DR
STREET ADDRESS 2:  <RET>
CITY: TROY
STATE: NY  NEW YORK
ZIP CODE: 12180
COUNTY: RENSSELAER          083
PHONE NUMBER: 518-555-1234
FAX NUMBER: 518-555-1200
MEDICARE ID NUMBER: 777555
NUMBER OF CNH BEDS: 100
INSPECTED/ACCREDITED:  B  BOTH INSPECTED AND ACCREDITED
CERTIFIED MEDICARE/MEDICAID:  4  CERTIFIED FOR BOTH
DATE OF LAST ASSESSMENT: 2/1  (FEB 01, 1999)

Select FEE BASIS CNH CONTRACT NUMBER:   <RET>
```

Utilities for Unauthorized Claims
Vendor Enter/Edit

Example, cont.

```
                *** VENDOR DEMOGRAPHICS ***
                ==> AWAITING AUSTIN APPROVAL <==

        Name:  SHADES OF GRAY NURSING HOME      ID Number: 977788666
     Address:  222 BLOOMING GROVE DR           Specialty:
        City:  TROY                                  Type: OTHER
       State:  NEW YORK              Participation Code: COMMUNITY NURSING
HOM
         ZIP:  12180                Medicare ID Number: 777555
      County:  RENSSELAER                          Chain:
       Phone:  518-555-1234
         Fax:  518-555-1200
 Type (FPDS):  LARGE BUSINESS                 Group (FPDS): WOMAN-OWNED LARGE
BUS
 Austin Name:
Last Change                              Last Change
   TO Austin:                              FROM Austin:
Enter RETURN to continue or '^' to exit:    <RET>
```

```
Name:  SHADES OF GRAY NURSING HOME      ID Number: 977788666
                     >>> CNH INFORMATION <<<

  Total Beds:  100                Inspected/Accredited: Inspect. & Accred.

Want to edit data? No//  <RET>  NO

Select FEE BASIS VENDOR NAME:
```

Utilities for Unauthorized Claims
Add New Person for Unauthorized Claim

⚷ XUSPF200 - entry of SSN is optional if you hold this key.

Introduction

When someone other than the veteran or vendor submits an unauthorized claim, the Add New Person for Unauthorized Claim option is used to enter the name and address of that party in the NEW PERSON file (#200).

Information asked may vary depending on what your site has entered in the KERNEL SITE PARAMETER file.

Example

```
Enter NEW PERSON's name (LAST,FIRST MI):   KAGAN,PETER S
  ARE YOU ADDING 'KAGAN,PETER S' AS A NEW NEW PERSON (THE 1884TH)?   Y  (YES)
Checking SOUNDEX for matches.
     KAGAN,JOSEPH
     KAGAN,STEPHEN
Do you still want to add this entry: NO//   Y
Now for the Identifiers.
INITIAL: PSJ
SSN: 888777999
SEX: M  MALE
STREET ADDRESS 1:  123 MAIN ST
STREET ADDRESS 2: < RET>
STREET ADDRESS 3: < RET>
CITY: TROY
STATE: NY  NEW YORK
ZIP CODE: 12180
SSN: 888777999// < RET>
```

Utilities for Unauthorized Claims
  Associate an Unauthorized Claim to a Primary

Introduction

This option is used to associate unauthorized claims to a primary unauthorized claim. Associated claims will be displayed with the primary on a lookup.

In order for claims to be associated, they must be for the same veteran and episode of care. A primary claim **without** associated claims may be associated with another primary claim. A primary claim **with** associated claims may not be associated to another primary.

Once the submitter is entered, all claims for that submitter for the same patient and episode of care are displayed. Next, you are prompted to choose the claim which you want to associate (secondary), then the claim to which it should be associated (primary). You can select one, many, or all when you select the secondary.

If you associate the new claim with a previously entered claim or group of claims, and at least one of those claims has been dispositioned, you will also be asked if you wish to disposition the new claim to the same disposition as the claim to which it is associated. When claims are associated, they are displayed with the primary claim on lookup, and in certain instances, you have the ability to update all the claims in the group at the same time.

Utilities for Unauthorized Claims
Associate an Unauthorized Claim to a Primary

Example

```
Select unauthorized claim:  p.KAGAN,PETER      01-16-55     098000000
SC VETERAN


   Select from the following:



 1   KAGAN,PETER    SAMARITAN HO   CIVIL HOSPIT    06/22/93   DISPOSITIONED
       TREATMENT FROM: 06/01/93   TREATMENT TO: 06/04/93

 2   KAGAN,PETER    SAMARITAN HO   CIVIL HOSPIT    05/12/93   DISPOSITIONED
       TREATMENT FROM: 04/21/93   TREATMENT TO: 04/22/93

 3   KAGAN,PETER    SAMARITAN HO   CIVIL HOSPIT    06/22/93   INCOMPLETE UNAUT
       TREATMENT FROM: 06/01/93   TREATMENT TO: 06/04/93

 4   KAGAN,PETER    CVS PHARMACY   PHARMACY        06/30/93   DISPOSITIONED
       TREATMENT FROM: 06/01/93   TREATMENT TO: 06/01/93

 5   KAGAN,PETER    SAMARITAN HO   CIVIL HOSPIT    06/22/93   INCOMPLETE UNAUT
       TREATMENT FROM: 06/01/93   TREATMENT TO: 06/04/93

Enter selection: (1-5):  1
Select the unauthorized claim to which this one should be associated:    6/22
JUN 22, 1993
     1    6-22-1993  KAGAN,PETER    SAMARITAN HOS         CIVIL HOSPITAL
DISPOSITIONED      TREATMENT FROM: 06/01/93 TREATMENT TO: 06/04/93

     2    6-22-1993  KAGAN,PETER    SAMARITAN HOS         CIVIL HOSPITAL
INCOMPLETE UNAUT   TREATMENT FROM: 06/01/93 TREATMENT TO: 06/04/93

     3    6-22-1993  KAGAN,PETER    SAMARITAN HOS         CIVIL HOSPITAL
INCOMPLETE UNAUT   TREATMENT FROM: 06/01/93 TREATMENT TO: 06/04/93

CHOOSE 1-3:  2
At least one other claim in this group has been dispositioned.
Would you like this claim to be dispositioned to APPROVED TO STABILIZATION?    NO
```

Utilities for Unauthorized Claims
Disassociate an Unauthorized Claim

Introduction

This option allows you to disassociate an unauthorized claim which has been associated to others.

Example

```
Select unauthorized claim:  P.AIE  AIELLO,FRANK        04-23-13     134097714
  NSC VETERAN


   Select from the following:



 1   AIELLO,FRANK    BROOKS PHARM   PHARMACY        9/30/93    APPEAL DISPOSITI
        TREATMENT FROM: 9/28/93    TREATMENT TO: 9/28/93

 2   AIELLO,FRANK    MARCUS WELBY   CIVIL HOSPIT   7/2/93    APPEAL/NOTICE OF
        TREATMENT FROM: 1/1/93     TREATMENT TO: 2/1/93
 3    DOCTOR          CIVIL HOSPIT   6/23/93   APPEAL/NOTICE OF   <7/2/93>
 4    DOCTOR          CIVIL HOSPIT   7/2/93   COVA DISPOSITION   <7/2/93>

 5   AIELLO,FRANK    MARCUS WELBY    CONTRACT NUR   7/2/93    APPEAL COMPLETE/
        TREATMENT FROM: 1/1/93     TREATMENT TO: 2/1/93

 6   AIELLO,FRANK    MARCUS WELBY    OUTPATIENT     7/2/93    APPEAL DISPOSITI
        TREATMENT FROM: 1/1/93     TREATMENT TO: 1/1/93

 7   AIELLO,FRANK    MARCUS WELBY    OUTPATIENT      7/2/93     DISPOSITIONED
        TREATMENT FROM: 1/1/93     TREATMENT TO: 1/1/93

Enter RETURN for more, or Select:  (1-7):   2

 2   AIELLO,FRANK    MARCUS WELBY   CIVIL HOSPIT   7/2/93    APPEAL/NOTICE OF
        TREATMENT FROM: 1/1/93     TREATMENT TO: 2/1/93

Press RETURN to continue or '^' to exit:   <RET>


71   AIELLO,FRANK    MARCUS WELBY   CIVIL HOSPIT    6/23/93    APPEAL/NOTICE OF
        TREATMENT FROM: 1/1/93     TREATMENT TO: 2/1/93
          DISPOSITIONED: DISAPPROVED
73   AIELLO,FRANK    MARCUS WELBY   CIVIL HOSPIT   7/2/93    COVA DISPOSITION
        TREATMENT FROM: 1/1/93     TREATMENT TO: 2/1/93
          DISPOSITIONED: ABANDONED
Do you wish to disassociate claim from the above group?    YES
Do you want to automatically link this claim with another group?    NO
```

Utilities for Unauthorized Claims
  Delete Unauthorized Claim

Introduction

The Delete Unauthorized Claim option allows you to delete unauthorized claims which have not been dispositioned. Dispositioned claims should be edited to a disposition status of CANCELED/WITHDRAWN; you cannot delete them. (Refer to Appendix B for more information about statuses.) If an unauthorized claim is deleted, any pending information on file for that claim is also deleted. If you delete a primary claim, the first secondary then becomes the primary, and all other remaining associated claims will point to the new primary.

Example

```
Select unauthorized claim:  V.SAMARITAN HOSPITAL    987654329AA  CONTRACT HOSP
          123 ANYWHERE AVE
          NEWTOWN, WI  09876-1265    TEL. #:  5551212



   Select from the following:



 1    SAMARITAN HO    ACKERLEY,DEN    CIVIL HOSPIT    05/27/93    INCOMPLETE UNAUT
        TREATMENT FROM: 04/26/93    TREATMENT TO: 04/28/93  PRIMARY CLAIM: //

 2    SAMARITAN HO    ACKERLY,DENN    OUTPATIENT      09/09/93    INCOMPLETE UNAUT
        TREATMENT FROM: 09/07/93    TREATMENT TO: 09/07/93

Enter selection:  (1-2):  1

 1    SAMARITAN HO    ACKERLEY,DEN    CIVIL HOSPIT    05/27/93    INCOMPLETE UNAUT
        TREATMENT FROM: 04/26/93    TREATMENT TO: 04/28/93
Are you sure you wish to delete? Y//   YES
Deleting claim...
```

Utilities for Unauthorized Claims
  Return Address Display/Edit

Introduction

This option is used to display and/or edit the return address which will appear on
unauthorized claim letters when letterhead is not used.

Example

```
                           VAMC ALBANY NY
                          128 HOLLAND AVE
                       ALBANY   NEW YORK   12208

Do you wish to edit? No//   YES

STATION NAME (EDITABLE): VAMC ALBANY NY//    <RET>
STATION ADDRESS LINE 1: 128 HOLLAND AVE//    113 HOLLAND AVE
STATION ADDRESS LINE 2:  <RET>
STATION ADDRESS LINE 3:  <RET>
CITY: ALBANY//  <RET>
STATE: NEW YORK//  <RET>
ZIP: 12208//  <RET>

Do you wish to display return address? Yes//    <RET>

Press RETURN to continue or '^' to exit:    <RET>



                           VAMC ALBANY NY
                          113 HOLLAND AVE
                       ALBANY   NEW YORK   12208


Do you wish to edit? No//   <RET>

Press RETURN to continue...
```

SECTION 7
STATE HOME MAIN MENU

Overview

Following is a brief description of each option contained in the State Home Main Menu.

ENTER NEW STATE HOME AUTHORIZATION – used to enter a new State Home authorization for a patient.

CHANGE A STATE HOME AUTHORIZATION – used to edit an existing State Home authorization for a patient. This option should be used to update the TO DATE of an authorization when a patient is discharged.

DELETE A STATE HOME AUTHORIZATION – used to delete an existing State Home authorization that was entered in error.

REINSTATE STATE HOME AUTHORIZATION – used to reinstate a previously deleted State Home authorization for a patient.

ACTIVE AUTHORIZATION REPORT – generates a report of authorizations whose FROM DATES and TO DATES overlap any portion of a user-specified date range. If the STATE HOME program is selected, a count of authorization days that fall within the user-specified date range will be shown. Note that the authorization TO DATE is not included in the count of days.

Enter New State Home Authorization

FBAA ESTABLISH VENDOR - required to enter new vendors.

A YES response at the "Are there any discrepancies with insurance data on file?" prompt generates a mail bulletin to MCCR to report erroneous insurance data

New insurance information may be uploaded into IB files through this option.

Introduction

The Enter New State Home Authorization option is used to enter a new State Home authorization for a patient. In order to enter a State Home authorization, the patient must be registered and have an eligibility status of VERIFIED or PENDING VERIFICATION. The level of care must be specified with a purpose of visit code.

The system does not allow two different State Home authorizations to have the same FROM DATE. Additionally, State Home authorizations cannot overlap except that the TO DATE of one authorization is permitted to equal the FROM DATE of another authorization.

State Home authorization data is transmitted to Central FEE in Austin via Veteran Master Record Adjustment (MRA) messages.

New insurance information can be entered through this option. For help with entering new insurance data and/or reporting discrepancies in current information for the selected patient, please refer to Appendix A, "Adding new Insurance Data/reporting Discrepancies to MCCR."

NOTE: The Enter New State Home Authorization option cannot be used to edit a previously entered authorization. An authorization can be edited through the Change a State Home Authorization option (see page 7-5 for additional information).

Enter New State Home Authorization

Example

```
Select PATIENT NAME:  CARDILLO, GEORGE X

CARDILLO,GEORGE X                      Pt.ID: 012-67-8904
123 MAIN ST                              DOB: DEC 25,1945
SALEM                                    TEL: Not on File
NEW YORK 12233                       CLAIM #: 3457890
                                      COUNTY: RENSSELAER


Primary Elig. Code: SC LESS THAN 50%  --  VERIFIED  OCT 1984
Other Elig. Code(s): NO ADDITIONAL ELIGIBILITIES IDENTIFIED

        SC Percent: 30%
 Rated Disabilities: NONE STATED

    Health Insurance: NO
   Insurance   COB Subscriber ID    Group      Holder  Effective  Expires
   ==========================================================================
    No Insurance Information
Want to add NEW insurance data? No//     <RET>
Are there any discrepancies with insurance data on file? No//     <RET>
```

```
Patient Name: CARDILLO,GEORGE X                   Pt.ID: 012-67-8904

AUTHORIZATIONS:
   (1) FR: 12/01/98     VENDOR: Not Specified
       TO: 01/15/99
                       Authorization Type: STATE HOME
          Purpose of Visit: STATE HOME ADHC
          DX:
        County: RENSSELAER              PSA: Unknown

          REMARKS:
             test remarks.


Enter RETURN to continue or '^' to exit:    <RET>
```

Enter New State Home Authorization

Example, cont.

```
Enter FROM DATE:  1/15/99                    (JAN 15, 1999)
Enter TO DATE:  9/20/2001                    (SEP 20, 2001)


AUTHORIZATION PURPOSE OF VISIT CODE:   STATE HOME NH    89

VENDOR: BAYSIDE STATE NH           541991111 ALL OTHER PARTI
1211 WATER ST                      (Awaiting Austin Approval)
ANYWHERE, VA  23669      TEL. #: 555-5555

AUTHORIZATION REMARKS:
No existing text
Edit? NO//   <RET>
```

Change a State Home Authorization

FBAA ESTABLISH VENDOR - required to enter new vendors.

A YES response at the "Are there any discrepancies with insurance data on file?" prompt generates a mail bulletin to MCCR to report erroneous insurance data

New insurance information may be uploaded into IB files through this option.

Introduction

The Change a State Home Authorization option is used to edit a previously entered State Home authorization. This option should be used to update the TO DATE of an authorization when the patient is discharged. Note that the FROM DATE of an authorization cannot be edited. If an incorrect FROM DATE is entered, the authorization should be deleted with the Delete a State Home Authorization option (see page 7-8 for additional information).

New insurance information can be entered through this option. For help with entering new insurance data and/or reporting discrepancies in current information for the selected patient, please refer to Appendix A, "Adding New Insurance Data/Reporting Discrepancies to MCCR."

Change a State Home Authorization

Example

```
Select PATIENT NAME:  CARDILLO,GEORGE X

CARDILLO,GEORGE X                         Pt.ID: 012-67-8904
123 MAIN ST                                 DOB: DEC 25,1945
SALEM                                       TEL: Not on File
NEW YORK 12233                           CLAIM #: 3457890
                                          COUNTY: RENSSELAER


Primary Elig. Code: SC LESS THAN 50%  --  VERIFIED  OCT 1984
Other Elig. Code(s): NO ADDITIONAL ELIGIBILITIES IDENTIFIED


        SC Percent: 30%
 Rated Disabilities: NONE STATED


    Health Insurance: NO
   Insurance   COB Subscriber ID    Group     Holder  Effective  Expires
   ========================================================================
    No Insurance Information
Want to add NEW insurance data? No//     <RET>
Are there any discrepancies with insurance data on file? No//    <RET>
```

```
Patient Name: CARDILLO,GEORGE X                       Pt.ID: 012-67-8904

AUTHORIZATIONS:
   (1) FR: 01/15/99      VENDOR: BAYSIDE STATE NH – 541991111
       TO: 09/20/01
                         Authorization Type: STATE HOME
          Purpose of Visit: STATE HOME NH
          DX:
       County: RENSSELAER             PSA: Unknown

   (2) FR: 12/01/98      VENDOR: Not Specified
       TO: 01/15/99
                         Authorization Type: STATE HOME
          Purpose of Visit: STATE HOME ADHC
          DX:
       County: RENSSELAER             PSA: Unknown

          REMARKS:
             test remarks.


Enter RETURN to continue or '^' to exit:   <RET>
```

Change a State Home Authorization

Example, cont.

```
Patient Name: CARDILLO,GEORGE X                        Pt.ID: 012-67-8904


Enter a number (1-2):  1

FROM DATE: Jan 15, 1999 (No Editing)
Enter TO DATE: Sep 20, 2001//    T (FEB 09, 1999)
PURPOSE OF VISIT CODE: STATE HOME NH//    <RET>
VENDOR: BAYSIDE STATE NH// <  RET>
AUTHORIZATION REMARKS:
  No existing text
  Edit? NO//  <RET>
```
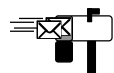
Delete a State Home Authorization
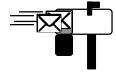
FBAA ESTABLISH VENDOR - required to enter new vendors.

A YES response at the "Are there any discrepancies with insurance data on file?" prompt generates a mail bulletin to MCCR to report erroneous insurance data

New insurance information may be uploaded into IB files through this option.

Introduction

The Delete a State Home Authorization option is used to delete a State Home authorization that was entered in error. A deleted authorization is retained on the local system with a status of AUSTIN DELETED. However, Central FEE in Austin will completely remove the deleted authorization from its database. Since a deleted authorization will be treated as if it never existed, this option should only be used to delete an authorization whose FROM DATE is incorrect.

New insurance information can be entered through this option. For help with entering new insurance data and/or reporting discrepancies in current information for the selected patient, please refer to Appendix A, "Adding New Insurance Data/Reporting Discrepancies to MCCR."

Delete a State Home Authorization

Example

```
Select PATIENT NAME:  CARDILLO,GEORGE X

CARDILLO,GEORGE X                       Pt.ID: 012-67-8904
123 MAIN ST                              DOB: DEC 25,1945
SALEM                                    TEL: Not on File
NEW YORK 12233                        CLAIM #: 3457890
                                      COUNTY: RENSSELAER


Primary Elig. Code: SC LESS THAN 50%  --  VERIFIED  OCT 1984
Other Elig. Code(s): NO ADDITIONAL ELIGIBILITIES IDENTIFIED

        SC Percent: 30%
 Rated Disabilities: NONE STATED

    Health Insurance: NO
   Insurance   COB Subscriber ID    Group      Holder  Effective  Expires
   =======================================================================
    No Insurance Information
Want to add NEW insurance data? No//     <RET> NO
Are there any discrepancies with insurance data on file? No//     <RET>
```

```
Patient Name: CARDILLO,GEORGE X                       Pt.ID: 012-67-8904

AUTHORIZATIONS:
   (1) FR: 01/15/99     VENDOR: BAYSIDE STATE NH - 541991111
       TO: 02/10/99
                          Authorization Type: STATE HOME
          Purpose of Visit: STATE HOME NH
          DX:
       County: RENSSELAER              PSA: Unknown

   (2) FR: 12/01/98     VENDOR: Not Specified
       TO: 01/15/99
                          Authorization Type: STATE HOME
          Purpose of Visit: STATE HOME ADHC
          DX:
       County: RENSSELAER              PSA: Unknown
            >> DELETE MRA SENT TO AUSTIN ON - 02/22/99 >>

Enter RETURN to continue or '^' to exit:

Enter a number (1-2):  1
OK to DELETE the 1/15/99-2/9/99 authorization?    YES
```

Reinstate State Home Authorization
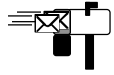
FBAA ESTABLISH VENDOR - required to enter new ve ndors.

A YES response at the "Are there any discrepancies with insurance data on file?" prompt generates a mail bulletin to MCCR to report erroneous insurance data

New insurance information may be uploaded into IB files through this option.

Introduction

The Reinstate State Home Authorization is used to reinstate a previously deleted State Home authorization. All information except the FROM DATE can be changed when a previously deleted authorization is reinstated.

Reinstate State Home Authorization

Example

```
Select PATIENT NAME:  Cardillo, George X

CARDILLO,GEORGE X                        Pt.ID: 012-67-8904
123 MAIN ST                                DOB: DEC 25,1945
SALEM                                      TEL: Not on File
NEW YORK 12233                         CLAIM #: 3457890
                                        COUNTY: RENSSELAER


Primary Elig. Code: SC LESS THAN 50%  --  VERIFIED  OCT 1984
Other Elig. Code(s): NO ADDITIONAL ELIGIBILITIES IDENTIFIED

        SC Percent: 30%
 Rated Disabilities: NONE STATED

    Health Insurance: NO
   Insurance   COB Subscriber ID    Group       Holder  Effective  Expires
   =========================================================================
    No Insurance Information
Want to add NEW insurance data? No//      <RET> NO
Are there any discrepancies with insurance data on file? No//      <RET> NO
```

```
Patient Name: CARDILLO,GEORGE X                      Pt.ID: 012-67-8904

AUTHORIZATIONS:
    (1) FR: 01/15/99      VENDOR: BAYSIDE STATE NH - 541991111
    TO: 02/10/99
Authorization Type: STATE HOME
Purpose of Visit: STATE HOME NH
DX:
County: RENSSELAER              PSA: Unknown
>> DELETE MRA SENT TO AUSTIN ON - 02/11/99 >>

Is this the correct Authorization period (Y/N)? Yes//      YES

FROM DATE: Jan 15, 1999 (No Editing)
Enter TO DATE: Feb 10, 1999//    <RET> (FEB 10, 1999)
PURPOSE OF VISIT CODE: STATE HOME NH//    <RET>
VENDOR: BAYSIDE STATE NH//    <RET>
AUTHORIZATION REMARKS:
  No existing text
  Edit? NO//  <RET>
```

Active Authorization Report

Introduction

The Active Authorization Report option is used to generate a list of authorizations whose FROM DATES and TO DATES overlap any portion of a user-specified date range. The list is first sorted by purpose of visit, then by vendor, and finally by patient. If the report is run for the STATE HOME program, the number of authorization days that fall within the user-specified date range will be reported under the DAYS column. Note that the authorization TO DATE is not included in this value. Deleted authorizations are not included in the output since they were entered in error.

Example

```
Select State Home Main Menu Option: Active Authorization Report
Select FEE BASIS PROGRAM NAME: STATE HOME//    <RET>
For ALL Purpose of Visits? Y/N? YES//    <RET>
From Date:  Jan 01, 1999//    <RET> (JAN 01, 1999)
To Date: Jan 31, 1999//    <RET> (JAN 31, 1999)
Print authorization remarks? NO//    <RET>
DEVICE: HOME//  <RET>  UCX/TELNET    RIGHT MARGIN: 80//    <RET>
```

```
ACTIVE AUTHORIZATIONS by POV, Vendor, Patient    FEB 23, 1999@13:23:23   page 1
  FROM Jan 01, 1999 TO Jan 31, 1999   FOR THE STATE HOME PROGRAM
  FOR ALL PURPOSE OF VISIT(S)

   VETERAN                       Pt. ID     DAYS    AUTHORIZATION
                                                  FROM DATE     TO DATE
--------------------------------------------------------------------------------

POV: STATE HOME ADHC

  Vendor: not specified

    CARDILLO,GEORGE X            012-67-8904   14  Dec 01, 1998  Jan 15, 1999
       DOB: DEC 25,1945
                                 ----          ----
  Vendor Subtotal:    Count:   1     Days:   14
                                 ====          ====
POV Subtotal:         Count:   1     Days:   14
Enter RETURN to continue or '^' to exit:    <RET>
```

Active Authorization Report

Example, cont.

```
ACTIVE AUTHORIZATIONS by POV, Vendor, Patient    FEB 23, 1999@13:23:23   page 2
  FROM Jan 01, 1999 TO Jan 31, 1999  FOR THE STATE HOME PROGRAM
  FOR ALL PURPOSE OF VISIT(S)

   VETERAN                         Pt. ID     DAYS    AUTHORIZATION
                                                    FROM DATE     TO DATE
   -----------------------------------------------------------------------------

POV: STATE HOME NH

  Vendor: BAYSIDE STATE NH

    BACON,JOSEPH                   106-10-4877   31  Dec 15, 1998  Feb 09, 1999
      DOB: 1914
    CARDILLO,GEORGE X              012-67-8904   17  Jan 15, 1999  Feb 10, 1999
      DOB: DEC 25,1945
                                   ----          ----
  Vendor Subtotal:      Count:   2    Days:   48
Enter RETURN to continue or '^' to exit:   <RET>
```

```
ACTIVE AUTHORIZATIONS by POV, Vendor, Patient    FEB 23, 1999@13:23:23   page 3
  FROM Jan 01, 1999 TO Jan 31, 1999  FOR THE STATE HOME PROGRAM
  FOR ALL PURPOSE OF VISIT(S)

   VETERAN                         Pt. ID     DAYS    AUTHORIZATION
                                                    FROM DATE     TO DATE
   -----------------------------------------------------------------------------
POV:STATE HOME NH (continued)

  Vendor: not specified

    ANDREW,ANNA                    425-89-6666   31  Dec 09, 1998  Feb 01, 1999
      DOB: MAY 5,1955
                                   ----          ----
  Vendor Subtotal:      Count:   1    Days:   31
                                   ====          ====
POV Subtotal:           Count:   3    Days:   79

4 Authorizations on report
Enter RETURN to continue or '^' to exit:   <RET>
```

(This page is intentional left blank.)

Glossary

Ancillary Cost	Charges associated with a 7078/Authorization for Civil Hospital not paid directly to the contract hospital (e.g., physicians, lab services, etc.).
Batch	Grouping by which fee basis bills are paid.
BVA	Board of Veterans Appeal
C&P	Compensation and Pension
COJ	Clinic of Jurisdiction
COVA	Court of Veterans Appeal
DHCP	Decentralized Hospital Computer Program
DRG	Diagnostic Related Group
IFCAP	Integrated Funds Distribution, Control Point Activity, Accounting, and Procurement
Invoice	Statement of charges received from a vendor for Community Nursing Home, Civil Hospital, medical, or pharmacy services rendered to a veteran.
JCAHO	Joint Commission on Accreditation of Healthcare Organizations
Legal Entitlement	Determination by the fee clerk, based on the veteran's entitlement to VA benefits, of legal eligibility for Civil Hospital.
Medical Entitlement	Determination by a VA physician, based on whether an emergency existed at the time of admission, of medical eligibility for Civil Hospital.
Military time	The method of recording time that is the standard of the United States military. See chart at the end of the Glossary for a conversion table.
MRA	Master record adjustment

NVHS	Non-VA Hospital System
NVP	Non-VA Pricer System
Non-formulary Drug	A drug not on the routine pharmacy list for which the prescribing physician or the receiving patient must have prior approval/authorization.
Obligation Numbers	Numbers assigned by Fiscal Service representing fee monies (long term, short term, travel, etc.) against which fee basis batches are paid.
Pricer	A software package used by Austin to determine the medical reimbursement amount for a specific DRG.
PSA	Primary Service Area
<RETURN> or <RET>	The key that is pressed after each response in order to move the cursor to the next line and to enter your response into the system.
Security Code	A code assigned to the user that identifies the user to the system and allows access to different areas within the system. This includes access and verify codes as well as security keys.
Special Key	A key that instructs the system to perform a function. For instance, the <RET> key not only moves you to the next prompt, it also enters the information you have just keyed into the system.
Suspension Letter	Letter sent to vendors informing them of the difference between amount charged and amount paid and the reason why.
Unauthorized Claim	Payment for expenses of inpatient medical services obtained by eligible veterans without prior authorization from the VA.
Up-arrow <^>	The upper case character on the number "six" key. It is used as a special function key.
Vendor	Any provider of care (e.g., doctors, hospitals, pharmacies, etc.)

MILITARY TIME CONVERSION TABLE

STANDARD	MILITARY
12:00 MIDNIGHT	2400 HOURS
11:00 PM	2300 HOURS
10:00 PM	2200 HOURS
9:00 PM	2100 HOURS
8:00 PM	2000 HOURS
7:00 PM	1900 HOURS
6:00 PM	1800 HOURS
5:00 PM	1700 HOURS
4:00 PM	1600 HOURS
3:00 PM	1500 HOURS
2:00 PM	1400 HOURS
1:00 PM	1300 HOURS
12:00 NOON	1200 HOURS
11:00 AM	1100 HOURS
10:00 AM	1000 HOURS
9:00 AM	0900 HOURS
8:00 AM	0800 HOURS
7:00 AM	0700 HOURS
6:00 AM	0600 HOURS
5:00 AM	0500 HOURS
4:00 AM	0400 HOURS
3:00 AM	0300 HOURS
2:00 AM	0200 HOURS
1:00 AM	0100 HOURS

ADDING NEW INSURANCE DATA/
REPORTING DISCREPANCIES TO MCCR

New insurance data can be entered through several Fee Basis options by answering YES at the "Want to add NEW insurance data?" prompt. Following is an example of the prompts that will appear on your screen and a sample mail bulletin. A double question mark <??> can be entered at most prompts for an explanation of what is required and, when applicable, a list of possible responses. As in other screen examples, user responses are shown in boldface type.

```
Want to add NEW insurance data? No//   YES
COVERED BY HEALTH INSURANCE?: NO// Y   YES
Select INSURANCE COMPANY:  BLUE CROSS/BLUE SHIELD         PO BOX 660175
DALLAS      TEXAS        Y

Each Insurance policy entry for a patient must be associated with a
Group Insurance Plan for the Insurance company you just selected.
You will be given a choice of selecting previously entered Group Plans or
you may enter a new one.  If you enter a new Group Insurance Plan you
must enter whether or not this is a group or individual plan.

Select GROUP INSURANCE PLAN:   AMERICAN AIRLINES BLUE CROSS/BLUE SHIELD
Group Policy      Group Name: AMERICAN AIRLINES     Group No: 38-22-36     PO
BOX 660175            DALLAS       TEXAS          Y
        ...OK? YES//   <RET>

Now you may enter the patient specific policy information.
Most of these fields will be familiar to experienced users.  The field
'SUBSCRIBER ID' used to be called 'INSURANCE NUMBER' and
has been modified to allow entering just 'SS' to retrieve
the patients SSN.  This field is the identifier for the policy or patient
that the carrier uses.  See the new help.

INSURANCE TYPE: BLUE CROSS/BLUE SHIELD//   <RET>
EFFECTIVE DATE OF POLICY:  1/1/94  (JAN 01, 1994)
INSURANCE EXPIRATION DATE:  12/31/94  (DEC 31, 1994)
WHOSE INSURANCE: VETERAN   SMITH,ALICE          03-01-44    009123456    NSC
VETERAN
SUBSCRIBER ID: SS  009123456
SOURCE OF INFORMATION: INTERVIEW//   <RET>

You can now edit information specific to the Group PLAN.  Remember, updating
PLAN information will affect all patients with this plan, not just
the current patient.

GROUP NAME: AMERICAN AIRLINES//   (No Editing)
GROUP NUMBER: 38-22-36//   (No Editing)
TYPE OF PLAN: MAJOR MEDICAL EXPENSE INSURANCE//   <RET>
IS UTILIZATION REVIEW REQUIRED: YES//   <RET>
IS PRE-CERTIFICATION REQUIRED?: YES//   <RET>
EXCLUDE PRE-EXISTING CONDITION: YES//   <RET>
BENEFITS ASSIGNABLE?: YES//   <RET>
```

ADDING NEW INSURANCE DATA/
REPORTING DISCREPANCIES TO MCCR

```
Select INSURANCE COMPANY:  <RET>
Are there any discrepancies with insurance data on file? No//    YES
Enter description of change:  Difference in address - P.O. Box 606175
```

Sample Mail Bulletin

```
Subj: FEE NOTIFICATION OF INSURANCE CHANGE  [#51138] 12 Jan 95 10:55  5 Lines
From: GRAY,MARY ELLEN  in 'IN' basket.   Page 1
----------------------------------------------------------------------------

There appears to be a change of insurance information
for TAYLOR,LYNN with PT.ID of 309-12-9045.
The explanation of change is as follows:

   Difference in address - P.O. Box 606175


Select MESSAGE Action: IGNORE (in IN basket)//
```

TABLE OF FEE BASIS UNAUTHORIZED CLAIMS STATUSES

STATUS ORDER	STATUS NAME	ACTIVE?	DESCRIPTION	DAYS PRIOR EXPIRATION
5	INITIAL ENTRY	YES	The unauthorized claim has been received at the facility, but is pending review to determine if the claim is complete, in which case it would progress to COMPLETE/PENDING REVIEW status. If further information is required, it would progress to INCOMPLETE status. A claim in the INITIAL ENTRY status is not currently being acted upon. A parameter in the FEE BASIS SITE PARAMETERS file (#161.4) determines if this status is used.	
10*	INCOMPLETE UNAUTHORIZED CLAIM*	YES	The unauthorized claim is not complete, and therefore invalid. The claim is considered incomplete and cannot proceed to the next status, COMPLETE/PENDING REVIEW, until all the requested information has been received.	366
20	PENDING - REASON UNKNOWN	NO	Prior to version 3 of FEE, unauthorized claims could have been pending for either additional information from the requestor, medical review, or other reason. Any unauthorized claim having this inactive status should be updated to an active status.	
30	COMPLETE/PENDING REVIEW	YES	The unauthorized claim is pending disposition upon completion of legal/medical/PSA review. A claim is updated to this status if it is received as complete or edited, and no requested information is outstanding.	
40*	DISPOSITIONED*	YES	The unauthorized claim has been dispositioned.	366
50	APPEAL/NOTICE OF DISAGREE RECV	YES	The disposition of the unauthorized claim is being appealed. The Notice of Disagreement letter has been received by the submitter of the appeal. The statement of the case must be issued, and a response received, before the appeal can be complete for review. The appeal application is incomplete. Entry of NOTICE OF DISAGREEMENT RECV'D will trigger this status.	

*When a claim goes through this status, a letter will be generated.

TABLE OF FEE BASIS UNAUTHORIZED CLAIMS STATUSES

STATUS ORDER	STATUS NAME	ACTIVE?	DESCRIPTION	DAYS PRIOR EXPIRATION
55	APPEAL/ISSUED STATMENT OF CASE	YES	The statement of the case has been issued to the submitter. A response must be submitted within the appropriate time frame for the appeal to be considered. The appeal is considered incomplete for review until the response is received. Entry of STATEMENT OF THE CASE ISSUED will trigger this status.	366
60	APPEAL COMPLETE/PENDING REVIEW	YES	The appeal to the unauthorized claim is complete and pending review. Entry of DATE SUBSTANTIVE APPEAL RECV'D will trigger this status.	
70*	APPEAL DISPOSITIONED*	YES	The appeal to the unauthorized claim has been dispositioned. Entry of DATE APPEAL DISPOSITIONED will trigger this status.	121
80	COVA APPEAL	YES	The decision by the Board of Veterans Appeals (BVA) is being appealed. Entry of DATE APPEALED TO COVA will trigger this status.	
90*	COVA DISPOSITION*	YES	The decision by the Court of Veterans Appeals (COVA) has been made, and the COVA appeal has been dispositioned. Entry of DATE COVA APPEAL DISPOSITIONED will trigger this status.	

*When a claim goes through this status, a letter will be generated.

FEE BASIS MAIL BULLETINS

The following is an example of a MRA Server bulletin:

```
Subj: Server Request Notice  [#4739656] 10 Nov 93 09:29 EDT  42 Lines
From: <POSTMASTER@INDIANAPOLIS.VA.GOV>  in 'IN' basket.   Page 1
-------------------------------------------------------------------------

                 Nov. 10, 1993  9:29 AM

A request for execution of a server option has been received.

Sender: POSTMASTER@FOC-AUSTIN.VA.GOV
Option name: FBAA MRA SERVER
Subject: FEE/LSU #932161548108467
Message #: 2446861

Comments: No errors detected by the Menu System.


            This is the server bulletin XQSERVER
Total Vendor MRA's Received: 11     Processed: 4     Errors: 7
ADDS: 4
CHANGES:  7
UNSOLICITED ADDS: 0
```

```
Subj: Server Request Notice  [#4739656]    Page 2
-------------------------------------------------------------------------
*** 7 Errors detected by FEE while processing the above server message. ***

 ===> ERROR CODE 1:  Invalid Vendor ID
      Action necessary.  Refer to the Vendor Error Code documentation.

TESTING DMK                     T99873764
TEST 4 CNH                      98765432A

 ===> ERROR CODE 2:  Invalid Record Length
      Action necessary.  Refer to the Vendor Error Code documentation.

1C516   876351098      05CNH TEST                REASON ROAD
                       NASHUA             NH000000000  015BTYC000000005161241$

 ===> ERROR CODE 3:  Invalid Station Number
      Action may be necessary.  Refer to the Vendor Error Code documentation.
```

```
Subj: Server Request Notice  [#4739656]    Page 3
-------------------------------------------------------------------------
KAPLON PHARMACY                 345778665 8766
TAKE 5                          876789809 0000

 ===> ERROR CODE 4.1:  Vendor not found in file or in DELETE status.
      Information only.  Refer to the Vendor Error Code documentation.

TEST AUTHO VENDOR               555555556
TEST AUTHO VENDOR               555555556

Select MESSAGE Action: IGNORE (in IN basket)//
```

NOTE: Vendor Error Code documentation is located in Appendix F of this manual.

MULTIPLE RATES FOR CNH VENDORS

The existence of two rates (Intermediate and Skilled) for a Community Nursing Home (CNH) vendor no longer exists. Now, a facility may negotiate as many rates per contract as is necessary. DHCP will handle this by allowing you to enter as many rates as is necessary when entering a contract for a Fee Basis vendor. All previous skilled and intermediate rates have been populated into the new rate structure for existing contracts.

When entering rates for vendors, use the option Update Vendor Contract/Rates - CNH, which is under the Community Nursing Home Main Menu. This option is not locked with the supervisor key; therefore, it may be used by any Fee Basis user. If you make an error entering rates, you may delete the rates by using the Delete CNH Rate option, which is under the Authorization Main Menu - CNH. This option will only allow deletion of a CNH rate if no payments have been associated with the rate at the time of deletion.

When entering a CNH authorization, a corresponding entry is made in the FEE BASIS CNH RATE file (#161.22) for the rate chosen. The time frame associated with the rate begins with the AUTHORIZATION FROM DATE and extends to the authorization TO DATE OR the CONTRACT EXPIRATION DATE, whichever is earlier. If the rate covers the entire authorization, no further action is necessary.

If the rate is only established for the duration of the vendor's contract, payments for that authorization will not be possible once the contract has expired. When DHCP is updated after extending a vendor's contract or negotiating a new contract, you will need to extend the rates for all veterans whose AUTHORIZATION TO DATE extends beyond the original CONTRACT EXPIRATION DATE. To do this, you must run the Enter Veteran Rates under new Vendor Contract option, which is under the Authorization Main Menu - CNH. This option will prompt you to select the vendor, and it will, in turn, find all veterans whose AUTHORIZATION TO DATE extends beyond the original CONTRACT EXPIRATION DATE. It will display each veteran and allow you to choose a rate from the new contract to associate with the new time frame. If the new rate established does not cover the remaining portion of the authorization, this step will be repeated when the rate is again extended, or a new contract is negotiated.

MULTIPLE RATES FOR CNH VENDORS, cont.

At times, it becomes necessary to change the rate associated with an authorization, due to changes in the complexity levels of care for a given patient. To do this, you may run the Change Existing Contract Rate for a Patient option, which is under the Authorization Main Menu - CNH. This option will display all rates associated with a particular authorization. If a change is necessary, the option will prompt for an effective date for the change, as well as a new rate for the time frame. It will then create a new rate entry in the FEE BASIS CNH RATE file (#161.22), beginning with the effective date, and going to the next rate assigned OR the rate ending date, whichever is earlier. The new rates will again be displayed on your screen after the changes have been made.

FEE BASIS/FMS VENDORIZING OVERVIEW

Introduction

Prior to V. 3.0 of DHCP Fee Basis, there were three vendor files with which Fee users worked. These vendor files reside at:

- Austin Finance Center (CALM)
- Austin Automation Center (Central Fee)
- Local site (FEE BASIS VENDOR file (#161.2), also known as Local Fee)

There were options in the Fee Basis package which allowed you to affect any of these files. The Add type Vendor MRA or the Change type Vendor MRA affected both the CALM and Central Fee files. You would use these if your local file was correct and you wished to update both of the other files. The Fee Only Vendor Add MRA or Fee Only Vendor Change MRA were used if your local file and CALM were correct and you wished to update **only** the Central Fee file. Also, any edit you made to your local file would automatically get saved and transmitted to the Central Fee file whenever you queued data for transmission to Austin. Whenever you added a vendor, you normally signed into TSO and into CALM to verify the vendor ID, and then sent in your request via FAX to the Vendorizing Unit.

Having 173 different vendor files (each file at the medical station plus the two in Austin) often resulted in inconsistent data among the various files. As the CALM system was being phased into FMS system, it was an opportune time to consolidate both the files and the update of the files.

Vendorizing

The current methods of vendorizing should reduce the number of payment rejects, as well as eliminate the need for dialing into Austin prior to adding a new vendor. Faxes will also be eliminated.

If you wish to add a new vendor to or edit an existing vendor in the FEE BASIS VENDOR file (#161.2) you should use the Display,Enter,Edit Demographics option in the Vendor Menu. As in previous versions, you must have the appropriate security key and the site parameters must be set accordingly. If your FEE BASIS VENDOR file (#161.2) is correct, but you wish to update the FMS VENDOR file (now used by both CALM and Central Fee), you should use the Update FMS Vendor File in Austin option, located on the Vendor MRA Main Menu.

FEE BASIS/FMS VENDORIZING OVERVIEW, cont.

The Update FMS Vendor File in Austin option replaces the following options that were used in prior versions of the Fee Basis software:

- Add type Vendor MRA
- Change type Vendor MRA
- Fee Only Vendor Add MRA
- Fee Only Vendor Change MRA

Use of the Display,Enter,Edit Demographics or Update FMS Vendor File in Austin options will result in the vendor information being transmitted to Austin whenever you use the Queue Data for Transmission option, as well as anywhere in the package which allows entering a vendor or editing vendor data (e.g., prompts that ask, "ARE YOU ADDING {vendor name} AS A NEW FEE BASIS VENDOR (THE {n}TH)?", or "Want to Edit data? NO//", etc.).

HIGHLIGHTS OF FEE BASIS VENDORIZING

- Austin will receive an **Add** transaction if you entered a new vendor into your FEE BASIS VENDOR file (#161.2). Austin will verify what you have trans-mitted with what is currently in the FMS VENDOR file. If you added a new entry on the DHCP system, Austin will pass back the information to you, in some instances changing the information that you sent (including the vendor ID base nine and/or suffix). (If you sent down a new vendor at street address yyy, and a nine digit vendor ID, it may come back with a suffix to the vendor ID to indicate an alternate address, because the original vendor ID already exists for that same vendor at street address xxx.)

- Austin will receive a **Change** if you used the Update FMS Vendor File in Austin option. Use this update option **only** when the existing vendor information is on your system, but **not** in the FMS system, **or** the information is **incorrect** on the FMS system. The information on the existing vendor entry is sent to Austin (no new vendor is created in the FEE BASIS VENDOR file [#161.2]). Austin will verify what you have transmitted with what is currently in the FMS VENDOR file. If you updated the FMS VENDOR file, Austin will pass back the information to you, in some instances changing the information that you sent (including the vendor ID base nine and/or suffix). Due to some inexplicable reason, the accurate vendor information which exists on your system is either missing from the FMS and/or CENTRAL FEE files, or is inaccurate on the FMS and CENTRAL FEE files. This option provides a mechanism for updating the FMS and CENTRAL FEE files with the accurate information from your file.

FEE BASIS/FMS VENDORIZING OVERVIEW, cont.

- If you have edited the vendor information, a new entry is created in your FEE BASIS VENDOR file (#161.2), but Austin will receive a **Change** transaction. The current vendor information is transmitted to Austin. Austin will verify what you have transmitted with what is currently in the FMS VENDOR file. If Austin simply changes its file with the information which you sent, the **same** information will be passed back to you. The new entry in your FEE BASIS VENDOR file (#161.2) will be deleted, and anything pointing to the new entry (such as payments) will be re-pointed to the pre-existing vendor. If Austin changes either the base nine of the vendor ID or the suffix, you will receive an **Unsolicited Add** from Austin. This means that the new entry which was added to your vendor file will remain.

- All transactions returned by Austin occur automatically through the use of a server option (FBAA MRA SERVER). The server processes the messages returned by Austin and delivers a server request bulletin message to the FEE Mail Group. (Refer to Appendix C for examples.) There is no need to retain these messages, unless the comments portion indicates that an error has occurred, or that a task needs to be scheduled. Whenever your Server Request Bulletin contains this information, you should notify your IRM representative **immediately**.

- Until what you have transmitted to Austin has been returned by Austin and successfully processed, you will see a message "Awaiting Austin Approval" as part of the vendor identifiers whenever you access that vendor with the Fee Basis package. You will not be able to release a batch for payment which contains a vendor in such a status, and therefore will not be able to process a payment. The turnaround time from the time you transmit your request to the time you receive it back from Austin should be 24 hours. You should contact the Vendorizing Unit in Austin if it has been longer than 24 hours, especially if it hampers a payment.

  WARNING: Any changes which you make to a vendor will affect all other sites which have this vendor in their FEE BASIS VENDOR file (#161.2). It is imperative that you responsibly <u>edit</u> a vendor <u>only</u> when you are sure that the vendor information has changed, and <u>add</u> a vendor when you wish to designate a new office location in addition to what is already on file.

VENDOR ERROR CODES

You may see the following error codes in your MRA Server Bulletins:

ERROR CODE   1   INVALID VENDOR ID
ERROR CODE   2   INVALID RECORD LENGTH
ERROR CODE   3   INVALID STATION NUMBER
ERROR CODE   4   VENDOR NAMES DO NOT MATCH
ERROR CODE 4.1   VENDOR CHANGE FROM ANOTHER STATION NOT
                      FOUND IN FILE
ERROR CODE   5   VENDOR CHANGE ALREADY PROCESSED

The following information includes explanations of the above codes, and how they can be resolved:

ERROR CODE 1 INVALID VENDOR ID
        ***** ACTION NECESSARY *****

EXPLANATION: **The first nine characters of a Fee Basis Vendor ID must be numeric only.** It is possible for FMS to send back an invalid ID, as they have vendors on their system with the first nine characters alphanumeric. They picked up these invalid vendor IDs from the CALM system, which had been modified from all numeric to alphanumeric. The FMS system does not allow modification of the vendor ID.

 RESOLUTION: Contact the FMS Help Desk at (512) 389-5109 to let them know what you received.

                Note the date on which you transmitted the vendor record to Austin. When all other vendor records have been received (the date does not appear on the output of MRA's Awaiting Austin Approval), then re-transmit MRAs for that date.

VENDOR ERROR CODES, cont.

ERROR CODE 2 INVALID RECORD LENGTH
   ***** ACTION NECESSARY *****

EXPLANATION: A Medical vendor and a Pharmacy vendor have two different record lengths. The record length for each is a fixed length. Medical or Pharmacy vendor records which deviate from their fixed length cannot be processed, since the position of the data may have shifted. This may lead to corruption of the data.

RESOLUTION: **Contact the Central Fee Help Unit at the Austin Automation Center (512-326-6147) and notify them of the problem immediately.** They may be able to re-transmit the server message. If the message which they sent was bad, or they no longer have the message to send, re-transmit that vendor record for the date you originally sent it to them. You may do this as long as no other vendors that are still Awaiting Austin Approval were sent on that same date. (Use the MRA's Awaiting Austin Approval option on the Medical Fee Supervisor Main Menu to check this.)

ERROR CODE 3 INVALID STATION NUMBER
   ***** ACTION MAY BE NECESSARY *****

EXPLANATION: This error is only possible if you are receiving an **Add** transaction from Austin and the station number on the **Add** transaction differs from the station number indicated by the PSA DEFAULT INSTITUTION field in your FEE BASIS SITE PARAMETERS file (# 161.4).

RESOLUTION: **Contact the Central Fee Help Unit at the Austin Automation Center (512-326-6147) and notify them of the problem immediately.** If the vendor transactions should not have been sent to you, then you can ignore this problem. If what was sent is accurate, check the PSA DEFAULT INSTITUTION field in your FEE BASIS SITE PARAMETERS file (# 161.4). If the site parameter is correct, contact the ISC; further analysis is needed. If it is incorrect, request that the server message be re-transmitted. If they no longer have the message to send, re-transmit that vendor record for the date you originally sent it to them. You may do this as long as no other vendors that are still Awaiting Austin Approval were sent on that same date. (Use the MRA's Awaiting Austin Approval option on the Medical Fee Supervisor Main Menu to check this.)

VENDOR ERROR CODES, cont.

ERROR CODE 4   VENDOR NAMES DO NOT MATCH
                     ***** INFORMATION ONLY *****

EXPLANATION: This message is only likely to occur during the upload. It is possible for two vendors to exist with the same vendor ID. For one vendor, it may be a Tax ID number; for the other, an SSN. For changes made by another station, the Vendor ID is used to locate the vendor on your system. It's possible that the change is for the vendor with this number as a Tax ID number, but your file only contains the vendor with this number as an SSN.

              Example: General Hospital   Tax ID: 123456789
                             Dr. Smith   SSN: 123456789

RESOLUTION: Informative message only. No further action is necessary.

ERROR CODE 4.1 VENDOR NOT FOUND IN FILE OR IN DELETE STATUS
                     ***** INFORMATION ONLY *****

EXPLANATION: If a change is made to a vendor at another station, the change is routed to your station if it is believed that you also use that vendor. The Vendor ID is used to locate the vendor on your system. If the vendor does not exist on your system, or the Vendor ID has been changed, or the vendor is in DELETE status, the vendor in your FEE BASIS VENDOR file (#161.2) is not updated.

RESOLUTION: Informative message only. No further action is necessary.

ERROR CODE 5   VENDOR CHANGE ALREADY PROCESSED
                     ***** INFORMATION ONLY *****

EXPLANATION: When a change to a vendor is made or a new vendor added, the vendor is temporarily added into the FEE BASIS VENDOR CORRECTION file (# 161.25). It is deleted from this file once Austin returns a transaction containing that vendor, and no other errors are found. If no entry is found in this file, nothing can be processed. It is most likely that it has already been processed.

RESOLUTION: Informative message only. No further action is necessary.

MRA AND PAYMENT MESSAGES

Following are samples of the type of mail messages automatically generated when a vendor or veteran record is adjusted or when the Queue Data for Transmission option is used to transmit payment batches. Please refer to the attachment following these samples for a description of record layout and content.

Medical Vendor MRA - Batch Type C1

```
Subj: FEE BASIS MESSAGE # 1  [#120201] 04 Jan 95 08:43  3 Lines
From: GRAY,MARY ELLEN (ALBANY ISC)  in 'MRA' basket.   Page 1
---------------------------------------------------------------------------

FENC1010495500   00193$
1A500   292929292   1  02CORNER DRUG                           111
                                   TROY              NY111110000  083BTYC000
000000500107$
1A500   333333333   1  06TROY MEDICAL GROUP
                                   TROY              NY222220000  083BTYC000
000000500108$


Select MESSAGE Action: IGNORE (in IN basket)//
```

Veteran MRA - Batch Type C2

```
Subj: FEE BASIS MESSAGE # 2  [#120206] 04 Jan 95 13:55  2 Lines
From: GRAY,MARY ELLEN (ALBANY ISC)  in 'MRA' basket.   Page 1
---------------------------------------------------------------------------

FENC2010495500   00200$
CA500   019409130 D KIRKER              32 SMYTH RD         MANCHESTER   NH03
1021345010194020194011102222241 012000000 2$


Select MESSAGE Action: IGNORE (in IN basket)//
```

Pharmacy Vendor MRA - Batch Type C4

```
Subj: FEE BASIS MESSAGE # 3  [#120212] 04 Jan 95 16:08  2 Lines
From: GRAY,MARY ELLEN (ALBANY ISC)  in 'IN' basket.   Page 1
---------------------------------------------------------------------------

FENC4010495500   00208$
4C500   12345678900001CORNER DRUG                   123 MAIN AVE
                                   TROY              NY121800000  083BTYC0000000
00050021$


Select MESSAGE Action: IGNORE (in IN basket)//
```

MRA AND PAYMENT MESSAGES, cont.

Inpatient Medical Payment - Batch Type B9

```
Subj: FEE BASIS MESSAGE # 4  [#5253724] 18 Jan 95 10:54 EST  2 Lines
From: <HENSLER.BARBARA@VERITG.ISC-ALBANY.VA.GOV>  in 'IN' basket.  Page 1  **N*
--------------------------------------------------------------------------------

FENB9011895500    003640000002200C3 $
9500   012126522 VF MABEL      777999098    000022005003 3010121994122594011795
000000619543222FA1033370800005000              401.1
 00000000000000000000619123094                                    00002200000030
00  46 $


Select MESSAGE Action: IGNORE (in IN basket)//
```

Outpatient Medical Payment - Batch Type B3

```
Subj: FEE BASIS MESSAGE # 5  [#5253744] 18 Jan 95 11:04 EST  2 Lines
From: <HENSLER.BARBARA@VERITG.ISC-ALBANY.VA.GOV>  in 'IN' basket.  Page 1  **N*
--------------------------------------------------------------------------------

FENB3011895500    004240000001000C3 $
3500   012126522 VF MABEL      987098098    000010005003H031001109510118950 0000
0621FA1033370800005001010011    401.10      00000000000000000000448^13^2^1011
695$


Select MESSAGE Action: IGNORE (in IN basket)//
```

Travel Payment - Batch Type BT

```
Subj: FEE BASIS MESSAGE # 6  [#5253753] 18 Jan 95 11:06 EST  2 Lines
From: <HENSLER.BARBARA@VERITG.ISC-ALBANY.VA.GOV>  in 'IN' basket.  Page 1  **N*
--------------------------------------------------------------------------------

FENBT011895500    004250000001000C3 $
T500   012126522 TF MABEL      0000100050030112950     00000000000000000000000
00448^1011295$


Select MESSAGE Action: IGNORE (in IN basket)//
```

Pharmacy Payment - Batch Type B5

```
Subj: FEE BASIS MESSAGE # 3  [#5254070] 18 Jan 95 14:51 EST  2 Lines
From: <HENSLER.BARBARA@VERITG.ISC-ALBANY.VA.GOV>  in 'IN' basket.  Page 1  **N*
--------------------------------------------------------------------------------

FENB5011895500    004460000000200C3 $
5500   012126522 VF MABEL      987098098000000000200      5003 01089500L38333
011895000000627FA1033370800005000     00000000000000000000000000627^1011595$


Select MESSAGE Action: IGNORE (in IN basket)//
```

LIST MANAGER

The List Manager is a tool that displays a list of items in a screen format and provides the following functionality.

- browse through the list
- select items that need action
- take action against those items
- select other List Manager actions without leaving the option

You can select an action and entry number by using an equals sign (=), for example:

LB=1   will process entry 1 for list batch
LB=3 4 5   will process entries 3, 4, 5 for list batch
LB=1-3   will process entries 1, 2, 3 for list batch

In addition to the various actions that may be available specific to the option you are working in, List Manager provides generic actions applicable to any List Manager screen. You may enter double question marks (??) at the "Select Action" prompt for a list of all actions available.

On the following page is a list of basic List Manager actions with a brief description. The list may have been altered by the specific package you are working in. The mnemonic for each action is shown in brackets [ ] following the action name. Entering the mnemonic is the quickest way to select an action.

LIST MANAGER, cont.

Action	Description
Next Screen [+]	move to the next screen
Previous Screen [-]	move to the previous screen
Up a Line [UP]	move up one line
Down a Line [DN]	move down one line
Shift View to Right [>]	move the screen to the right if the screen width is more then 80 characters
Shift View to Left [<]	move the screen to the left if the screen width is more then 80 characters
First Screen [FS]	move to the first screen
Last Screen [LS]	move to the last screen
Go to Page [GO]	move to any selected page in the list
Re Display Screen [RD]	redisplay the current screen
Print Screen [PS]	prints the header and the portion of the list currently displayed
Print List [PL]	prints the list of entries currently displayed
Search List [SL]	finds selected text in list of entries
Auto Display(On/Off) [ADPL]	toggles the menu of actions to be displayed/not displayed automatically
Quit [QU]	exits the screen